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LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

BY M. ANDRAL,

Physician in Chief to the Hôpital de la Pitie, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE VII.

CEREBRAL HEMORRHAGE.

(Concluded.)

GENTLEMEN, we have now studied rapidly the causes of cerebral hemorrhage, and have pointed out the several circumstances which favour the development of this disease, but we have not entered into the minute history of each cause, a general view of the most important questions connected with diseases of the nervous system being the chief object of this course. Having thus considered the causes, we come to a consideration of

The Symptoms which indicate the actual Effusion of Blood into the substance of the Brain.

These symptoms are such as to permit their division into several series. In some cases they are merely the prodrome of the hemorrhage which is subsequently to take place. The patient is affected with headache, or giddiness, with numbness of the limbs, a disagreeable creeping sensation, &c., in a word, with all the signs we have already pointed out as indicating a greater or less degree of cerebral congestion, and which are generally comprised under the technical expression of "molimen hemorrhagicum." Secondly, the premonitory symptoms just alluded to may be altogether absent; the hemorrhage takes place without giving any warning of its approach, and the patient is instantaneously struck down by a violent effusion into the hemispheres. It is to this form that the term "apoplexy" more peculiarly belongs. A great number of the symptoms of cerebral hemorrhage depend upon the actual effusion of blood; they are the result of the presence of a foreign body in the brain, compressing, or in a certain number of cases actually lacerating, the substance of that organ. Again, other phenomena that we observe, depend not upon the effusion which has taken place, but upon other morbid changes that coincide with it, such as ramollissement &c.; these form a third series. Finally, other symptoms manifest themselves, at a greater or less period after the occurrence of the hemorrhage. Thus we have occasion to see apoplexy complicated by the supervention of ramollissement, of inflammation, of congestion, forming at several points of the brain, a long time after the first attack, and these circumstances, by troubling the march of the symptoms, by giving rise to various phenomena not connected with effusion, often render the diagnosis and treatment of cerebral hemorrhage a matter of some difficulty. Hence you see how several of the symptoms that accompany effusion of blood in the brain, do not depend on the hemorrhage alone, and can conceive the necessity of distinguishing these secondary phenomena from such as are intimately connected with the original disease.

What is the nature of the symptoms of cerebral hemorrhage? This is the first question we have to examine. They consist in certain troubles in nutrition, relation, and the faculty of reproduction, together with a few anomalous phenomena that we shall have to consider apart; but before entering upon this part of our subject we may ask, can we have cerebral hemorrhage without the manifestation of any symptoms? In the immense majority of cases, the occurrence of effusion of blood into the cerebral substance, is betrayed by symptoms that leave no doubt as to the nature of the accident which has taken place; however, we must, on the other hand, allow the possibility of cerebral hemorrhage taking place without any of the great functions being disturbed. In proof of this I will quote the case published by M. LE NORMAT

in the *Journal Hebdomadaire*, vol. 1, page 435. You will there find the case of a female, thirty years of age, who laboured under what is called the hemorrhagic diathesis, in a most remarkable manner; she had frequent discharges of blood from the mucous membrane of the intestinal canal; from the fauces and mouth; from the uterus; finally, tumours, evidently depending upon effused blood, formed under various points of the cutaneous integument, and the patient sunk under the exhaustion produced by this frequent loss of blood. After death a certain number of apoplectic coagula were found disseminated throughout the brain, yet this patient did not exhibit a single symptom connected with effusion of blood into the nervous centres. I do not know another example of the same kind in the records of medicine; hence, giving it the attention and weight it merits, we must at the same time regard it as an exceptional fact, as a case so extremely rare that it cannot justify the deduction of any principle.

We have distinguished the symptoms of cerebral hemorrhage into three classes, viz. those connected with relation, with nutrition, and finally with generation; we shall now take up the disorders manifesting themselves in the life of relation, and these comprehend derangements of the intellectual faculties of sensibility and of motility. 1st for

Lesions of Motility. (*Paralysis.*)

The most characteristic symptom of cerebral hemorrhage is, beyond all doubt, paralysis: a sudden and permanent lesion of motility indicates effusion of blood into the cerebral hemispheres more surely than any other symptom we know of. Remark, however, that it must present the two characters we have just mentioned; the paralysis must be sudden; it must persist for a greater or less period of time. One alone of the two circumstances is not sufficient to indicate the existence of apoplexy; the loss of motion must have taken place in an abrupt manner. When once established it must continue for a length of time; with these two characters we are justified in pronouncing on the occurrence of hemorrhage of the nervous centres; without these our diagnosis should be given with some caution and doubt. This diminution of muscular contractility exists, with various degrees of intensity, in nearly every case of cerebral hemorrhage, we say *nearly* every case, for the exceptions, though excessively rare, do sometimes occur; in a few cases no true paralysis has been observed, as for example in the one we have already cited. Another similar case has been published by Dr. SECRETIN, in his thesis on apoplexy, sustained in the year 1827. The subject of this observation died without having presented the least trace of paralysis, and on examining the body after death, a coagulum as large as a hen's egg was found occupying the posterior part of the right hemisphere, above the ventricle, and extending thence into the posterior portion of the corpus striatum.

These are two very remarkable cases, I believe they are the only two which exist in the records of medicine; note them, therefore, with attention, and reflect on the curious, the incomprehensible circumstances of effusion to a considerable extent having taken place into the substance of the brain, without giving rise to the slightest derangement of the faculty of locomotion.

The paralysis once established, does it continue throughout the course of the disease with an equal degree of intensity? No; in some cases, even when effusion of blood to a great extent has taken place, the loss of motion, at first grave, may go off, and then return again with its former characters. It is difficult to explain these intermissions in the principal symptoms of apoplexy. One would think these are times at which the blood acts with less force upon the brain than at others. However, in most cases the paralysis persists, and only goes off in proportion as the effused blood is absorbed, and the pressure thus removed.

We have next to inquire at what period the paralysis makes its appearance. The loss of muscular action coincides with the instant of hemorrhage; it may suddenly acquire a high degree of intensity, and should a fresh hemorrhage take place, which is not unusual, it may augment. In general, however, it remains equable for some time, and then gradually diminishes; or it may increase until the patient dies, or, as we have already noticed, take on an intermittent character, and present itself with much greater intensity at one period than at another.

We now come to the degree of paralysis: this is an important part of the subject. In some cases we observe only a very slight *engourdissement*, or weakness of the affected member. If it be the hand, the patient is unable to press an object with his accustomed force, although he can take hold of it with precision. The power of motion then remains; we have simply a diminution of the muscular force. In other cases the movement is modified in a still greater degree; the weakness of the limbs is more marked. Finally, in some cases motion is completely destroyed, and the limbs are in a state of perfect paralysis. In a word, the lesion of motility may vary from engourdissement, to a slight weakness of the arm or leg, and thence to complete impossibility of muscular contraction. Before this diminution of contractility manifests itself, we may have no other symptom; the parts do not present any trouble of sensibility or motility up to the very moment of the attack. In other cases, before the occurrence of actual paralysis the limb is weak. The

patient exhibits certain symptoms allied to congestion: the sensibility is more or less modified, or we remark other troubles of motility, such as convulsions, contraction of the limb, &c; however, these latter phenomena announce the coincidence of another lesion, and we shall have to speak of them more fully in a subsequent lecture. The paralysis, then, commences with the effusion of blood into the cerebral substance, and disappears with the removal of it; whenever another order of symptoms sets in, we may presume that some other lesion of the brain, such as congestion, softening, inflammation, &c., have given rise to it.

Paralysis, the consequence of cerebral hemorrhage, variable, as we have just seen, in intensity, presents numerous varieties, according to the seat of the effusion. We shall now examine this point; we shall take up, successively, hemorrhage of the cerebral hemispheres, of the mesocephale (*pons varolii*), of the cerebellum, and, finally, of the spinal marrow, endeavouring, as we go along, to point out how far pathological anatomy can throw light on the great varieties which present themselves; and, first, for

Hemorrhage into the Substance of the Cerebral Hemispheres.—How does this form manifest itself? Hemorrhage of this portion of the cerebro-spinal axis may give rise to either general or partial paralysis; it is general where both sides of the body, either in totality, or in some of their several parts, are deprived of movement. Let us now see under what circumstances we may observe general paralysis. The loss of motion takes place in one of the three following cases:—1st. When the hemorrhage is double—i. e. when it occupies both hemispheres of the brain at the same time; 2nd. We may observe general paralysis, with hemorrhage into only one hemisphere; but the effusion has been very extensive; the blood has lacerated the parietes of the lateral ventricle, and thence made its way into the other cerebral cavities, either through their natural communications, or by laceration of the septum lucidum, and other parts; thirdly, and finally. When the hemorrhage, as in the former case, is confined to one hemisphere, and does not communicate with the ventricles: being, however, sufficiently extensive to destroy a great part of the cerebral mass, and then producing double paralysis, as in the two cases already enumerated.

These then are three causes of general paralysis—viz. double effusion of blood; single effusion, but passage of the blood from one hemisphere to the other through the lacerated ventricle; single effusion without this passage, but with extensive destruction of the hemisphere. When this general paralysis exists, the four limbs drop like so many masses of inert matter, without sensation and without motion; sometimes it persists, and the case is then constantly fatal; or, after having characterized the onset of the disease, it may disappear in a certain time, and become converted into hemiplegia. Of this latter circumstance we have witnessed a few examples, and it often arrives in the third case we have distinguished above, where general paralysis exists for the first twenty-four hours, and then terminates in hemiplegia. However, we would here repeat a remark which has been already made, that general paralysis belongs much more frequently to cerebral congestion than it does to hemorrhage, and that in cases where hemiplegia exists, it is 200 to 1 that the loss of motion depends upon an effusion of blood into the nervous pulp.

When the paralysis occupies only one side of the body, we call it

Hemiplegia,

an accident, we again repeat, which, when it arrives suddenly, is the best sign of hemorrhage into the cerebral hemispheres. It then persists a certain time, and is gradually dissipated with the removal of its exciting cause. When it does take place, we generally see both limbs on the same side of the body affected at the same time. However, hemorrhage of the cerebral hemispheres may produce paralysis of only a single limb; sometimes the superior, sometimes the inferior extremity being the one affected. When both limbs together are paralyzed, we generally see the side of the face attacked, at the same time, with loss of motion. The muscles of the cheek, lips, &c., cease to act, and the antagonism necessary for the regularity of the features being lost, whenever the patient talks or laughs the mouth becomes deviated, and the face more or less partakes of the distortion. Gentlemen, it is a law, almost universal in its operation, that hemiplegia (and also paralysis of the face) is seen occupying the side of the body opposite the hemisphere into which effusion has taken place. Authors have endeavoured to explain this remarkable phenomenon, which they attribute to the intercrossing of the pyramids in the medulla oblongata. The pyramidal bodies are, you know, continued through the substance of the mesocephale to the cerebral hemispheres, and hence the fibres of the right hemisphere pass to the left side of the spinal marrow, and vice versa. This appeared a very natural explanation, and was universally adopted by nearly all those who have written on the pathology of the brain. But permit me to lay before you one or two observations, by which, I think, its value is diminished if not altogether destroyed. In several cases where the members are paralyzed, we also remark a loss of motion in the muscles of the face opposite the seat of effusion in the

brain. Now the muscles of the face are supplied by nerves given off *above* the intersection of the pyramids just alluded to, and hence we cannot have recourse to the anatomical fact for the explanation of a phenomenon that occurs at least as regularly, if not so frequently, as the paralysis of the members on the side opposite the effusion; we therefore think we must accept the law already stated, without explaining it in the manner generally adopted.

We now come to other facts that are, as it were, tormenting to us, so much do they differ from those we have left, and, indeed, from all that are considered as forming the type of cases of cerebral hemorrhage. We have, as you remember, laid down a general rule that paralysis is seated on the side opposite the effusion. Facts of this kind present themselves to us by hundreds; but we possess, in the records of our science, twelve published instances, and we know one which is proper to ourselves, being all of them

Cases in which the Loss of Motion occupied the same Side of the Body as the Hemorrhage.

Let us now examine these facts in some detail, requesting your attention to the subject as one of peculiar interest, although the history into which we are compelled to enter may appear a little tedious. We shall enumerate them in the order of their date.

The first case of the kind is ancient. You will find it mentioned in the *Sepulchretum* of Bonnetus: however, we shall not insist much on it, because it is not given with sufficient details to render the case an important one; let us therefore pass on to the others.

The second case belongs to Forrestus, and is found in his observations, liv. 10, chap. 12. Here the case was that of a child two years old, affected with hemiplegia of the right side of the body. After death, a portion of the right cerebral hemisphere was found in a state of ramollissement. The injury here does not in the least alter the state of the question. Softening or effusion, no matter which, it is not the nature of the lesion we seek, but its connection with paralysis on one or the other side of the body. Even at the period when Forrestus wrote, the attention of pathologists had been turned towards the investigation of the point we speak of. He expressly mentions that he looked for a lesion on the left side of the brain, but found none.

Our third case is given by Morgagni; but we must remark from the outset that he relates it on the authority of another, not from his own observation. The patient was a man seventy years of age; attacked suddenly with apoplectic symptoms, and hemiplegia on the right side of the body. After death an effusion of blood was found in both ventricles, and an erosion occupying the optic thalamus of the right side. This observation is vague and unsatisfactory. We do not know the nature or extent of the erosion alluded to. You see at once that the case does not belong to Morgagni himself, but is reported on hearsay. We do not, therefore, consider it of much value, and would rank it in importance with the first we have cited, from Bonnetus.

Our fourth case is an important one in more than one respect; it is reported by an excellent anatomist, M. Brunner (the same who has left his name to the follicles of the intestinal canal), in the "Acta Curiosa," decury 3rd. The subject of this case was a female, forty-seven years of age. During a period of four years she had been affected with paralysis of the right side of the body. Brunner found a cyst in the right hemisphere of the brain, which showed that an effusion of blood had taken place into that part at a remote period; besides this he discovered a recent clot, the effect of the hemorrhage which had compromised the patient's life. The fact we now mention is an important one, because it belongs to an anatomist of established reputation, one accustomed to researches of pathological anatomy, and capable of appreciating correctly the various morbid changes which present themselves in the dead body. We therefore place it above the cases mentioned by Bonnetus and Morgagni, and on a level with the one cited from Forrestus.

Our fifth and six cases belong to the fasciculus of *Pathological Anatomy*, of the justly celebrated Morgagni. In his fifty-seventh letter he speaks of an old woman who died with paralysis of the right side of the body. In examining the brain, he found a portion of the right hemisphere in a state of ramollissement. The left side of the brain was examined with care, but no lesion of any kind could be discovered. Again, in his thirteenth letter, he describes the case of another female, twenty-four years of age, cut off by an attack of apoplexy. Half the body on the right side was paralyzed, yet the only morbid appearance in the brain consisted in a clot of blood occupying the posterior part of the corpus striatum on the right side. And this great observer, who was perfectly acquainted with the law of opposite paralysis, not content with his first examination, returned to the body again and again; and, after a careful inspection of all the left portion of the brain, in which he expected to find a lesion, exclaims, on discovering those parts intact, "Mirandum!" Here, then, is a case whose authority we cannot reject. The habits of Morgagni, as an anatomist and a correct observer, place beyond all doubt the fidelity of what he has described; while the terms in which he expresses himself, show that if no lesion was found in the left side of the brain, it was because no lesion actually existed there.

We now arrive at cases of a more recent date; one of these has been published by M. Bell, in the *Révue Médicale*. The paralysis occupied the left side of the body, and on inspecting the brain, ramollissement was found in the left hemisphere.

You will find our eighth case in the work of M. Rostan on *Ramollissement of the Brain*, p. 29. It refers to a woman, eighty-four years of age, who died with an hemiplegia of the right side of the body. Traces of an ancient hemorrhage, together with softening of the cerebral substance, were found in the posterior portion of the right hemisphere.

The next case to which we would allude was observed by M. Leuret, and published by him in the *Journal de Progress des Sciences Médicales*. The subject of this observation was affected with paralysis and contraction of the right arm. However, after death the lesion was found occupying both hemispheres. On the left side it was very slight, and not discoverable without attention. The right side of the brain was the seat, on the contrary, of a very extensive ramollissement. This case, as you see, cannot have very great weight, from the circumstance of the lesion existing simultaneously at both sides of the brain, but remark that on the side opposite the paralysis it was very insignificant, while on the same side a most extensive destruction of the nervous pulp had taken place.

The tenth case is published in the volume of the *Révue Médicale* for the year 1826. An old cyst was found in the left side of the brain, and the hemiplegia also occupied the left side of the body. However, we must remark that it is an imperfect case. Thus it appears the paralysis was of recent date, though the lesion was evidently ancient. Now, as the author does not tell us whether the patient had presented any paralytic symptoms at a more remote period, we cannot strictly establish a connection between the symptoms and morbid appearances.

The two last cases, completing the twelve, were published by M. Blandin in his edition of the *Anatomie Générale* of Bichat, which came out, I think, in the year 1831. He saw at *Bicêtre* two old patients who died in a paralytic state. After death the lesion was found occupying the same side of the body as the paralysis. No morbid appearance could be discovered in the other hemisphere. Now no person can doubt the capability of M. Blandin, as an anatomist, and we place the fullest confidence in what he has related. Here, then, are two cases, perfectly authentic; we should have noticed that the lesion existed in the posterior parts of the hemispheres.

This is a remark not without some importance. In most of the cases recorded, the pathological injury occupied the posterior lobes of the hemispheres also, and perhaps this fact of anatomy may give an explanation of the phenomenon now under consideration. If we believe the assertion of some anatomists, the posterior cerebral lobes seem to receive the fibres from that portion of the spinal marrow not engaged in the intersection of the pyramids. It is of the utmost importance, that the description of the pathological lesions of the brain should be given with the greatest minuteness and detail. We would, therefore, engage you, whenever you make observations of disease of the nervous system, and note down the appearances after death, to endeavour to localize the lesion as closely as possible; to measure its actual distance from certain known points, describe every fibre that has been injured, and not neglect a multitude of details, which, in any other part of the body, might perhaps appear tedious. It is only in this manner that our knowledge of the functions of a complex organ like the brain can in the end be extended; it is the want of this accurate observation which has so long retarded the progress of the science in the study of nervous disorders.

I mentioned just now, that in addition to the twelve cases contained in authors, I knew of a thirteenth which has not yet been published. This case was communicated to me about two months ago by Mr. Cruveilhier. He saw an individual affected with paralysis, and found, after death, ramollissement or hemorrhage on the same side of the body as the loss of motion. I do not now exactly remember which lesion it was, but you can conceive that the fact remains the same under either circumstance. What we want to establish is the occurrence of paralysis on the same side as the injury of the brain. I should add, that I have never witnessed a case of the kind myself. In all those which I have had occasion to examine (and they are not few), the loss of motion was on the side of the body opposite the effusion into the brain. From all that has been said, it follows, as a necessary and inevitable consequence, that from certain anatomical conditions which have hitherto escaped discovery, the paralysis may sometimes occupy the same side of the body as the lesion. The facts we have cited, and many of them are irrefragable, prove this beyond any doubt; it is a circumstance worthy of every attention, and you cannot apply yourselves to the elucidation of a more interesting point of the history of cerebral disease, than to this occurrence of hemiplegia at the same side as the effusion.

[As the commencement of the next lecture concludes the foregoing subject (occupying three paragraphs) we here subjoin it. Ed.L.]

I have laid before you an analysis of thirteen cases of cerebral hemorrhage, in which, while the effusion of blood occupied one side of the brain, the limbs were affected

with paralysis, not on the side opposite, as is almost universally the case, but on the same side with the effusion. I have, however, omitted to mention some which exist in the annals of the science; let us hasten to supply the omission, which I only discovered since our last meeting.

Two cases of hemiplegia, affecting the same side of the body as the lesion, have been published in the *Bulletin Clinique*, by M. DECHAMBRE, of *Salpetrière*. They are accompanied by all the details necessary to give them authenticity, and merit our attention on that account, as well as for the interesting points which they illustrate. The lesion in the two cases alluded to was ramollissement; but, as we have more than once said, softening or hemorrhage, tumour or encysted abscess, no matter; they bear all the same relation of cause to the effects we investigate. Our object in citing authorities is to show that paralysis does not universally take place on the side opposite the lesion, and for this purpose ramollissement will answer just as well as effusion of blood. Thus, in adding these two cases to the thirteen already mentioned, we have a body of fifteen facts, some of which, especially the latter, are precious, because they are recent. In medicine we require recent facts: the science should, as it were, be remade from time to time; for it is a principle in human nature to reject or look with coolness upon the testimony of ancient facts, and run with avidity after more recent discoveries, although, perhaps, they may be nothing but a revival of points known many hundred years ago, but fallen into disuse and obscurity, merely because they do not belong to the age we live in.

The same number of the *Bulletin Clinique* also contains a note of M. FOURNET on a case in which sudden death took place from effusion into the brain: the paralysis existed on the same side as the hemorrhage: this makes up the sixteenth case; however, the latter has not yet been published; the *Bulletin Clinique* alludes to it simply as having been shown to the *Anatomical Society*.

Paralysis, when it attacks the side of the body opposite to the hemorrhage, most commonly affects both the superior and the inferior extremity at the same time: however, one is generally more affected than the other. We have remarked that the loss of movement is very frequently more complete in the upper extremity than in the lower. It is a common thing to see the arm perfectly immoveable, while the leg and thigh are partially under the patient's control, and when the two limbs are equally struck in the commencement, the thoracic extremity generally recovers its motion some time before the abdominal one. In some cases of cerebral hemorrhage, the hemiplegia is confined to a single limb. The patient, for example, is unable to move his arm, while the lower extremity on the same side is perfectly intact. Here physiologists have asked whether the peculiarity depends on the particular seat of the effusion, and this question has been much debated in latter times.

Is the movement of the upper and lower extremities regulated by distinct portions of the brain? This point has been discussed at considerable length between Messrs. SERRES, PINEL, GRANDCHAMP, ROSTAN, and BOUILLAUD; we may therefore ask ourselves,

Has the Hemorrhage a different Seat in the Cerebral Hemispheres, in Paralysis of the Arm and of the Abdominal Limb?

This is a question which we shall now endeavour to answer. Within the last few years, several facts have been published, with the design of showing that the motion of the abdominal member is regulated by the corpora striata and the nervous mass in front of them; while motion of the thoracic limb emanates from the thalami nervorum opticorum, and the nervous substance behind the thalami: in other words, that motion of the leg depends upon the anterior part of the hemispheres, while the posterior portion governs the movements of the upper extremity. We have submitted this opinion to the test of facts. Here is the result we have obtained. We have collected 75 cases, in which the lesion was circumscribed in one part of the brain or other, and after having analyzed these 75 cases, the result we came to was negative. In 40 of the 75 cases alluded to, the patient was hemiplegic; the arm and leg were equally paralyzed. Now of the 40, we found the lesion situate in the corpora striata, or anterior lobe, in 21 cases; while in the 19 remaining, the hemorrhage, or softening, existed in the thalami optici, or posterior lobes. Again, of the 75 cases, we found 23 where the paralysis was limited to the upper limb alone. Now if the theory were correct, we should discover the lesions in the posterior portion of the hemispheres. What do facts show us? Of the twenty-three cases, we found two in which the lesion existed in the middle lobe of the hemisphere; eleven, with lesion of the corpora striata, or anterior lobe; (this remark is quite opposed to the ideas of the authors we have alluded to;) and finally, there were ten cases in which the lesion was seated in the optic thalami, or the nervous pulp behind this part.

Thus you see how the same identical lesion of motility coincided with a lesion in various parts of the brain, and that paralysis of the arm, at least for the 75 cases we have analyzed, existed with the same frequency, whether the effusion was seated in the anterior or posterior portions of the cerebral hemispheres. Let us now examine the cases where the inferior or abdominal muscles

alone were paralysed. Amongst the 73, we find twelve cases of this kind. In ten, the lesion was situated in the corpora striata, and in two only of the twelve, we found a lesion in the posterior part of the brain. Here, indeed, the numbers are more in favour of the theory which attributes motion of the lower limb to the anterior lobes, but one case is sufficient to destroy the value of the rule, and we have more; we find, as you see, two cases of twelve where paralysis of the leg co-existed, not with a lesion of the corpora striata, but of the optic thalami and parts posterior to it.

The only general consequence we are entitled to draw from the facts which we have just passed in review, is, that dissimilar parts of the brain direct the movement of the different limbs, but that in the actual state of the science we cannot say what particular point of the hemisphere commands the motion of the upper extremity, and what point governs the lower limb. This is merely a negative conclusion, but we should not neglect it on that account. In the study of medicine, negative facts have their importance as well as positive ones; they prevent us wasting our time in the investigation of circumstances whose value has been already appreciated, point out various sources of error that we should avoid, and thus render our march in pursuit of knowledge more rapid, more secure, and more certain.

Is the faculty of motion deranged, when the lesion is confined to the periphery of the brain,

When Effusion takes place merely between or upon the circumvolutions?

Certainly, gentlemen, we have cases where the lesion was strictly limited to the surface of the hemisphere, yet paralysis occurred with the same phenomena as if the blood had been effused into the centre of the organ. You will find an example of this in the thesis sustained by Dr. Fabri in the year 1832; it is I think No. 133 of the series for that year. Here the lesion existed at the lateral, posterior, and external parts of the left hemisphere; the author describes a congulum as large as a sparrow's egg, situate between the convolutions at this part, and the patient died paralytic. This case is not unique; we can find other examples. Similar cases are contained in the excellent work of M. Lallemand on the pathology of the brain and its dependencies; in his first letter, page 63, you will find one; a second is quoted in the eleventh letter, page 151; the lesion was completely confined to the convolutions, and paralysis existed. We have seen examples of this ourselves, and hence would conclude that hemorrhage occupying the superficial parts, equally produces a modification of motility, as when it is seated in the more central regions.

However, we should remark that when the hemorrhage assumes what may be called a *chronic* form, when it takes place slowly and gradually into the gray substance, we often do not observe any paralysis; but, on the other hand, we have opposite facts to prove that when the convolutions are injured, paralysis supervenes, although the white substance is little or not at all compromised in the lesion.

At the commencement of the present lecture, we said that loss of motion also existed with effusion into the pons varolii, the cerebellum, or the spinal marrow. Let us next take up each of these parts in the order enumerated, now, however, only mentioning the mesocephale. We possess a certain number of cases in which we find

The Lesion confined to the Pons Varolii,

and we may draw from these this general principle, that the four limbs are rapidly struck with paralysis. However, in the science of medicine, we unfortunately find, at almost every step, certain exceptional cases which we are compelled to take into account. Thus, apoplexy of the mesocephale is sometimes accompanied by hemiplegia, not by general paralysis: but in cases of this kind it has been remarked that the lesion generally is situate more at one side of the pons than at the other.

COOMBE LYING-IN HOSPITAL,

AND

DUBLIN OPHTHALMIC INFIRMARY.

The Introductory Lecture, delivered, in the above institution, at the commencement of the present session, by Mr. Robert F. Power, L.R.C.S.I., and one of the Masters of the Hospital, has been submitted to our examination, in manuscript. Want of space in our columns will not allow us to insert the whole of the lecture, a great part of it being devoted to an address to students on the importance of a scientific knowledge of his art on the part of the accoucheur; but we may select the following passages for publication, with a certainty of their possessing interest for every class of medical readers. Before making the extracts, we may premise that on the death of Mr. O'Hara, the former "Master" of the hospital, the governors appointed two medical officers to fulfil the duties of the institution, which had previously devolved on one. The new masters were Mr. Power and Mr. Hugh Carmichael, the former gentleman undertaking the labours of the midwifery department, and the latter those of the Ophthalmic Infirmary. In the commencement of his lecture, Mr. Power comments, in terms of indignation, "on the attempt," as he describes it, "which has lately been made" (by a magnate in the London Col-

lege of Physicians, before the Parliamentary Medical Committee), "to revive the antiquated opinion that the practice of midwifery was a disreputable branch of the medical art, because it occasionally involves the necessity for manual operations."

From the statements of Mr. POWER, we learn that the *Coombe Lying-in Hospital* has existed for rather more than fifty years, and was established for the admission of parturient women, through the exertions of the late Mr. RICHARD GREGORY. It contains fifty beds, in spacious and airy wards, which, from its being situated in a densely populated part of Dublin, are continually occupied. The account of the circumstances under which the hospital was erected, which follows the subjoined statistical statement of cases, will be read with feelings of painful interest:—

"The registry of cases kept in the house for the six months preceding the first day of the present month of November (1835), shows that, within that period, of 713 females who have been delivered within its walls, 626 labours proceeded according to the usual routine of nature, and eighty-seven presented departures from that course. Of these latter, nine were cases of breech presentation, fourteen were abortions, two elbow presentations, five twins, four attended with hemorrhages, seven instrumental, of which latter, in two, the crotchet was used to break up the child in order to extract it; in two ruptured uterus, and in five retained placenta, occurred. The remainder of these cases did not present any particular event, although coming under the head of irregular labours. There is also attached to the hospital what is termed an *externe* department, affording assistance to females who, from any particular circumstance, cannot avail themselves of the comforts of the house, and are confined in their own homes. The registry of the latter class of cases shows, that, within the same period, 811 females were delivered, and attended through their confinements, without the doors of the hospital. Of this number 702 were natural labours, and 109 irregular. Of the latter, thirteen were breech presentations, twenty-nine were abortions, eight twin cases, one triplet (three children at a birth), eight cases of hemorrhage, two instrumental, nine retained placenta, five footlings, two funis presentations, one arm presentation, two placenta presentations, and three convulsions, making in all an aggregate of 1524 cases, of which 1328 were natural, and 196 were variations therefrom. These two abstracts show that the external department comprises the greater number of cases, which, upon first consideration, might appear extraordinary, where so much poverty prevails, for comforts like those which are to be met with in a well-regulated hospital seem thus to have been neglected, in cases where the sick female stands so much in need of aid.

"But tempting as is a comfortable asylum in these instances, to poverty, in its most abject form, for abject indeed it is in the neighbourhood which surrounds us, nevertheless it is not sufficient to overcome that tie of nature which induces the mother to cling to her little home and family, until the last moment at which she conceives she can remain with them. The consequence is, that, in a vast number of instances, females who really intend to become inmates here during the period of their confinement, are overtaken in their illness, and thus have their own homes unexpectedly rendered the place of their labours. That such is the case will at once appear evident from the following facts. Before this hospital was established in its present form, that noble institution on the north side of the city, the *Rotunda Lying-in Hospital* was the only one in Dublin. The distance, however, between it and this spot is so great, that although the length of time required in the distressing journey was, from repeated occurrences, made strikingly evident to females who resided in this neighbourhood, still the feeling to which I have just alluded could not be abated; and as extern assistance to females in the parturient state was not recognised by that hospital, those who wished to avail themselves of its aid, could only obtain it by becoming inmates therein. The consequence was, that, in many instances, females, who began to proceed thither from the liberties, were overtaken in their labour on their way to the institution, and the wretched halls and alleys of this impoverished district became the places of their confinement, perhaps in the dead of night, and at the most inclement seasons of the year, for the bitter destitution of the inhabitants precluded the possibility of a conveyance being obtained thither, even on such occasions as these. The scenes that sometimes then presented themselves were of a most distressing character. A wretched fellow-creature, surrounded, at this event, by her small and equally wretched family (who flew to her at the moment), then giving birth to an infant under these humiliating circumstances, at once struck the heart with compassion in its most touching form, and regret filled the mind for the misery from which such scenes could proceed; while the cries of the new-born babe fell on the ear, its wailings sounding like moans at the hereditary misfortunes of its race, of which it now was come to bear its part. Whether such misery was the result of inherent degradation on the part of its victims, or of indifference in quarters professing interest in their welfare, we are not to say; but admitting it even to arise from the former, in mercy let us trace the effect to its cause, and, sunk as the sufferers may have been in the abyss

of degradation, and forgetting, for a moment, that blight of our common country,—party; this will be admitted by all who have witnessed such scenes, that they were not more the scourge of those who were exposed to them, than they were disgraceful to those whose duty it was to remedy the evil.

"Since, however, the establishment in which we are assembled has been in operation, such truly pitiable occurrences have altogether ceased, and with them those unfortunate results, then so prevalent, as the death of the infant, and recovery on the part of the mother with consequences so unhappy as to incapacitate her from the future fulfilment of her maternal and domestic duties. Indeed to such an extent did events like these prevail, that a respectable practitioner, who resided for a long time in this part of Dublin, at his death bequeathed an annual legacy for the establishment of a Lying-in Hospital in his district, after having spent the best part of his life in representing the necessity of such an institution to Government, but to which a deaf ear was turned. Through the kindness of Doctor Bell, one of our most anxious supporters, and than whom no one is more conversant with the former miseries of pregnant females in the liberties, that legacy is now devoted to the support of this house, and the delays which used to lead to the events I have described, is remedied, a skilful pupil being now sent from this hospital to take charge of the female, and conduct her through her perilous situation."

CASE OF

OBSTRUCTION OF THE BOWELS,

WITH SUCCESSFUL OPERATION FOR THE

FORMATION OF A NEW ANUS.

To the Editor of THE LANCET.

SIR,—I publish the following most interesting case at the request of several medical friends, detailing the state of original imperforation, the means used for its remedy, and the time when the obstruction commenced, its progress, and the effects produced on the constitution of the patient until relieved by the operation which has led to the publication of the present article. The relation of the patient's subsequent condition, and the treatment, I have given in a condensed form.

I have added a few practical reflections, calculated to render it more acceptable to the junior members of the profession, and students, to whom it is my more especial wish that this paper should be useful. I am, Sir, yours truly,

JOHN LINDSAY, Surg.

23, Hutcheson-street, Glasgow,
Nov. 30, 1835.

Case.—S. P., a boy, was born of healthy parents in April 1829, with imperforation of the anus. The surgeon whose attendance was required, had several difficulties to contend with in making an opening into the rectum, as there was no protrusion of the integuments between the nates, nor any other mark by which to trace the situation of the gut. Several attempts failed, but at length an opening was made at the lower end of the os sacrum, at the root, and towards the left side, of the os coccygis. The opening thus formed was kept patent by sponge tents and other means, but it was small, and liable to obstruction from slight causes.

On the recommendation of a friend, the child was first brought to me in December 1829, he being then eight months old. At about the same period he was examined by Dr. Weir, then senior surgeon to the *Royal Infirmary*, who recommended the use of bougies and enemata, which were accordingly had recourse to daily; the former were gradually increased in size, for the purpose of procuring a regular evacuation of feces and enlargement of the passage, which, with a few powders of *Submuriatis Hydrarg.* et *Pulv. Rhei*, had the desired effect of improving the general health. Notwithstanding, however, the feces were passed involuntarily.

In course of time the child became a stout healthy boy; but when running about with his companions, having no power of retaining his feces, they were constantly oozing through the artificial anus, causing always a disagreeable smell about his person, although his mother, who was very cleanly in her habits, paid every attention to his comfort, by washing him frequently, for the convenience of which the under part of his dress consisted of petticoats only.

The prospect of their son arriving at manhood under so loathsome an infirmity, was distressing and humbling to his parents, whose fears in this respect were, in the autumn of 1834, changed to feelings of a more painful description. At that time his health began to decline; his evacuations per anum were scanty, and passed with difficulty, even although rendered almost fluid by medicine. His belly grew large, while the rest of his body became emaciated; the functions of digestion became irregular and impaired; his appetite fell off; and, ultimately, hectic fever was superadded, which reduced his strength to such a degree as to confine him constantly to bed.

Such was his condition towards the end of January 1835, when I was desired by his father to visit him. He had now arrived at the age of five years and three quarters, and during the last four months his health had been obviously and rapidly declining. Language would scarcely describe the miserable appearance he presented. I no longer beheld the little plump ruddy boy which he for-

merly was, and his extremely large abdomen, which was as hard as board, formed a painful contrast with his exceedingly emaciated chest and extremities.

Besides the hectic symptoms, his mother mentioned that for several weeks previously he had obtained no evacuation per anum, except what was produced by the daily use of the bougie and the purgative enemata, especially the latter, *and that only during the time the glyster-pipe was in*, when a little feculent matter escaped by the side of it, which generally stopped as soon as it was withdrawn. Such, she said, had uniformly been the case during the time specified, although the dejections were of a fluid description. These symptoms led me to suppose that a flap, or false membrane, had formed near the extremity of the rectum; which, acting as a valve, prevented the exit of feces, except during the time of its being pushed back by the introduction of the glyster-pipe. To ascertain this, I proposed to examine the parts with the finger, which I consider the best probe on such occasions. His mother's feelings, however, were overcome so much by the terror of cutting, that she even objected to allow the examination, especially as she considered his case to be hopeless, connected, perhaps, with the disagreeable reflection, that although his evacuations were reinstated as before, yet still the boy's prospects for the future were any thing but pleasant. Purgative enemata, with the use of bougies of a small size, were, therefore, continued, and by constant perseverance, they succeeded, at times, in bringing away a little feces, which had the effect of prolonging his miserable existence.

On the 9th of February following, however, I was requested by his father again to visit him, when he promised that nothing should stand in the way of doing what might be considered necessary, the boy having become much worse for a day or two previous, in consequence of the usual means failing to have the desired effect. Accordingly, on the day following, I visited him, at their residence, about two and a half miles from Glasgow.

Setting a table opposite the window, I had the little patient laid upon it, with his abdomen downwards, which was prevented from pressing on the table, by putting one pillow under his breast, and another under the head of his thighs. On attempting to introduce my little-finger into the artificial anus, I was surprised to find it too small for its admission, even although considerable force was used, it being not larger than to allow a goose-quill to pass with ease. The integuments around it, which were very hard, appeared to be nearly destitute of either muscular or cellular substance, as if the parts were cicatrized after having been in a state of ulceration, which I was informed had indeed been the case. The present opening, so obviously imperfect, being limited or confined by the os coccygis and the last bone of the sacrum, rendered hopeless any attempt at enlarging it, which was, indeed, the less desirable, as it would have left the patient to pass the feces involuntarily as before.

The probe could be passed about two inches nearly perpendicularly downwards (considering the position the boy was in at the time), the point of it being close upon the cervix of the bladder, and about fifteen lines inward from the perineum.* No flap or false membrane could be detected by the probe, nor could any assistance be obtained by the eye, on account of a little feces escaping.

Under these circumstances, it occurred to me that the most proper way of rendering him relief, would be *by making a new anus, sixteen or eighteen lines nearer the scrotum*, by that method avoiding the os coccygis altogether.

The *objections* to this were principally these; first, the depth of cutting required before entering the gut; secondly, the danger of wounding the bladder; and, lastly, the danger of injuring the bulb of the urethra.

Keeping these dangers in view, and retaining the probe in the old anus, I took a straight-pointed bistoury, and holding the back of it towards the bulb, thrust it inwards, about an inch, at that point where the raphe terminates posteriorly, and enlarging the opening a little towards the sacrum, I withdrew it.

On introducing my finger into the wound, and taking the probe in the other hand, I could easily ascertain the distance remaining to be cut; then removing the probe and substituting in its place a director, which I desired an assistant to hold, so as to press its point as much as possible outwards, I scratched through the intervening space with a scalpel, when, to my great satisfaction, the instrument was brought out soiled with feces. I now pushed my fore-finger right into the rectum, when a large quantity of feculent matter escaped. A mild purgative enema was then thrown up, which brought away a great quantity more. In this evacuation there was a plumb-stone, which the patient had swallowed four and a half months previous, during the fruit season in autumn.

This stone, it will now be observed, had been the cause of the obstruction, and not any flap or false membrane, as I had at first supposed. The stone, after passing the stomach and intestines, had made a lodgement by the side of, and rather behind, the

* It is probable, considering his present emaciation, and the pressure of feculent matter, that three or four months previous to this, the distance of the gut may have been eighteen or twenty lines from the perineum.

os coccygis, from which, on account of the hard and unyielding state of the parts surrounding the artificial anus, and being greater in diameter than the opening itself, it had been prevented from escaping. A constant tenesmus had tormented the patient, while on every occasion of his going to stool the stone, filling up the diameter of the outlet, prevented any feculent matter from escaping, *except when pushed back* by the glyster-pipe, or a small bougie, as before stated.

Every experienced surgeon knows that in private practice it is rarely possible to get a patient to comply with all that is desired, especially in surgical cases, and it was so in this instance. The nature of his disease rendered the little patient peevish and fretful, and made him averse to be examined. Indeed, the first and only opportunity of examination was immediately before operating. The probe then slipping past the stone, as it was introduced, although turned in every direction, gave no indication of its existence, while the escape of a little feces, as before observed, prevented any assistance being obtained by the eye.

A piece of candle, four inches long, was now introduced as a bougie, and was secured by a pad and T bandage, the abdominal part of it being made of flannel. This was about one o'clock p.m., on the 10th of February. At four p.m. of the same day, he had another large evacuation of feculent matter by the new opening; after which, a new candle bougie was substituted in place of the former, which was partially melted. He was then put to bed, and enjoined rest, with mild diet: he remained in this state until about midday of the 11th, at which time he had another evacuation by the new anus, from ℥ss of *Ol. Ricini* which had been administered that morning. A wooden bougie, made very smooth, of seven and a half lines in diameter, was now introduced, and was ordered to be kept in and out for four hours, alternately. The abdomen had by this time become pretty empty and flaccid; pulse 150; skin hot; otherwise the boy was in good spirits, and had passed urine twice within the first twenty-fours after the operation, quite freely, and without uneasiness. ℞ *Submuriatis Hydrarg.* gr. iv; *Pulv. Opii* gr. j. M. Chart. No. iv, quarum sumat unam quâque horâ quartâ.

12. Skin more cool; ordered a new bougie of nine lines in diameter, et *Ol. Ricini* cras mane.

14. Skin again hot; pulse 140; the parts around the anus are much inflamed. The powders were renewed, and a poultice of powdered linseed was applied to the anus, to be repeated every sixth hour. The bougie to be kept *in* only half an hour, and *out* four hours, alternately, on account of the degree of irritation, and to be coated each time previous to introduction with a thick layer of the following ointment. ℞ *Axungi Recentis* ℥iss; *Ext. Belladonnæ, Acet. Plumbi, aa* ℥ij. M.*

March 5. General health much improved. The new anus looks well; it is open at the time of withdrawing the bougie, but closes gradually by corrugation; very little pus, the parts being nearly all covered with a smooth membrane; nothing coming by the old anus but flatus. Bougie ordered to be kept in only two hours every morning.

17. The motions have been passed regularly by the new anus. He has been walking about daily since the 10th instant, by which exercise, a small quantity of feculent matter is forced out by the old anus, especially when the bowels are loose.

℞ *Nit. Argenti* gr. xx; *Aq. Distillat.* ℥j: solve. Inject a drachm into the old anus morning and evening; a piece of lint well covered with *Ung. Resinæ*, to be afterwards introduced, to produce in the first instance a rawness of surface; after which, the solution of *Nit. Argent.* being discontinued, *Tinct. Cantharidis* is to be substituted, and the pledget of lint, with the ointment, continued.

This course was persevered in for several weeks, with very little advance towards closing up the first opening, the main difficulty in accomplishing which was, the manner in which it had been excavated or hollowed out (if I may use the expression) by the great pressure of feculent matter, previous to the operation being performed, which has made it like an inverted cone, the outlet being the apex.

Considering such to be the case, I thought the only rational way of closing, or, rather, of filling up, the posterior opening, would be to treat it as a fistula. So on May 19th I divided the space intervening betwixt the old and new opening, with a probe-pointed bistoury. When for this purpose I introduced my finger into the new anus, the sphincter closed round it with great firmness, which convinced me of his being able to retain his feces by the new passage, if the old one was filled up. A piece of oiled caddice was introduced into the wound, and secured by a poultice and a T bandage. A teaspoonful of paste, in imitation of "Ward's Paste," was applied three times a day, for the purpose of assisting to form granulations.

This course was continued long enough to convince me, that something else was necessary to be done before sufficient granulations could be produced for filling up the cavity, which desirable object was considerably retarded by the pressure of feces oftentimes displacing the dressings.

* This ointment is highly recommended by Dupuytren, who used it in cases of fissure about the anus with decided advantage. See LANCET of March 10, 1839, page 838.

June 26. Coarse green flax was substituted in place of the lint, and covered well at each dressing with the following:—℞ *Ung. Resinos* ℥j; *Pulv. Cantharr. Vesic.* gr. xx. M.

Previous to the introduction of the flax at the dressing morning and evening, ℥j of the following lotion was thrown in with a small syringe:—℞ *Decocti Gentianæ* lb iss; *Acid. Nitros.* ℥ij. M.

July 21. The flax tent, with the ointment, comes in contact with every point of the cavity, and is with the lotion and mixture already producing copious granulations, which are springing up rapidly. His health is excellent; no feculent matter has come by the posterior part of the opening for the last fourteen days, and the pledget of flax, which is renewed every morning, and which I direct to be kept as much as possible towards the sacrum, remains in from the one dressing to the other, without being displaced as before. The bougie is to be introduced into the new anus once a day, and immediately withdrawn.

From that time he was allowed to walk about, and on August 26 the medical remedies were discontinued, in consequence of the posterior cavity being completely filled up, so that neither feculent matter nor flatus could escape by it. Being now able to retain his feces at pleasure, he was dressed in male attire, a circumstance that pleased him very much.

Remarks.—This case being brought to a successful issue, it may not be improper to introduce a few practical reflections, suggested by what is contained in the foregoing case, and applicable to those of a similar nature, although not intended to apply to cases of imperforation in general. Having waited for a day or two, or, in some cases, for three or four days after the birth of a child with imperforation of the anus, in most cases the integuments between the nates gradually protrude, and become of a livid or black colour, from the pressure of the meconium within. There can, then, be no difficulty in determining how to proceed. With the pointed bistoury we make an opening, and, enlarging it with the aid of a director, nothing further is necessary than to keep it patent, and attend to constitutional symptoms, until the infant recovers.

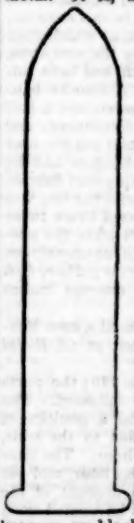
But in cases of imperforation of the anus, *where no such protrusion takes place*, and where no other mark indicates the position of the rectum, we are beset with greater difficulties.

With a view of lessening these difficulties, I would suggest proceeding as in the case of S. F., by making a small opening with a narrow bistoury, just large enough to admit the probe on the left side of the os coccygis. If, with the probe, we succeed in reaching the gut, it can easily be ascertained, by its depth and direction, how, and in what way, we may come at the same point, by cutting or piercing from the perineum, at the posterior termination of the raphe, as before detailed; after which, the small opening at the root of the os coccygis may be conveniently closed up by adhesive plaster.

Attention to these directions may, I conceive, serve to lessen the difficulty in making a proper anus at first, in cases where the gut can be found, by piercing at the root of the coccyx; and we may rest assured, that we never can make an artificial anus in any other situation than the one here recommended, with a probability of rendering the individual comfortable through life. There we have it at the most depending part of the trunk, *so that no sac can form beyond it.* We have the probable existence of that essential part of the anus, the sphincter muscle, without which we cannot retain the feces; we have also the two nates, like powerful sentinels, both adding strength to the passage within, and affording security from injury without.

For keeping the anus patent, after it is made, I would prefer the wooden bougie to any other. The sponge-tent is irregular in its surface, and does not continue of a uniform diameter, nor is its elongation so complete as is required.

The wooden bougie can be made of any size, or of any form required, and never alters its figure by use; unguents of any kind, with which it might be proper to cover it, adhere better to a bougie made of wood, than to those made of bone, ivory, or metal. It is, besides, an advantage possessed by the wood, that it never communicates the same unpleasant sensation of cold to the parts as is the case with any of the others, unless previously immersed in hot water, which render them unfit for receiving a coating of ointment, if thought necessary.



The kind of bougie which I have found to suit best is made in this form, very much like that of a candle, with a rim, or border, at the farther extremity, to prevent it from sliping *in*, the pad and bandage, without the aid of tapes, serving to keep it from coming *out*. The extreme length of those which I have used was generally three inches and a quarter, the diameter varying from seven and a half to nine lines. Those I had were made of mahogany, or black birch. When too large

or too small, a new one can be substituted at a very trifling expense.

For a tent or pledget, my experience leads me to think that green flax is preferable to caddice. Flax accommodates itself with great accuracy to the surface with which it comes into contact, and by its roughness it provokes the formation of granulations, while it is sufficiently soft to yield to and protect them when forming. The size of the pledget requires to be reduced from time to time, as the cavity fills up, until it is finally rendered unnecessary.

It will be observed, in perusing the above case, that from the 17th of March until the 26th of June, the time was in a manner lost in vain endeavours to close the old anus; this partly arose from the size of the cavity being so wide as to always allow a large quantity of feculent matter to descend and displace the dressings, but principally from the actual inefficiency of the applications. Some little progress was indeed made, but nothing compared to what was afterwards attained, by the use of green flax, cantharides ointment, and lotion, the paste at the same time assisting in an inferior degree.

COLICA SPASMODICA,

FOLLOWED BY

INFLAMMATION,

TERMINATING FAVOURABLY.

To the Editor of THE LANCET.

SIR,—I beg to transmit the following case for insertion in the pages of THE LANCET.

I am, Sir, your obedient servant,

MATTHEW GIBSON, Surg.

Govan Haugh, Glasgow,
Dec. 22, 1835.

CASE.—John Maxwell, aged 20 years, while engaged at work on the night of Thursday, December 18th 1834, and in a state of profuse perspiration, took a large draught of cold water, and at 10 o'clock, an hour afterwards, was seized with a pain in the abdomen, exactly over the region of the caput cæcum coli. By 1 a.m. it had increased so much that he was forced to leave work. On arriving at home he swallowed two ounces of Epsom salts, which were in the house, and in half an hour afterwards he had a motion in his bowels, but felt no easier. At six the pain had so greatly increased, accompanied by a disposition to vomit, that his friends requested that he should be visited.

On arriving, at eight, he complained to me considerably of pain at the above-mentioned part, which was increased much upon pressure; abdomen not much swollen, and was soft; tongue furred; pulse not much altered; the bowels had been constipated for two days before. He was ordered *Pulv. Opii* gr. ij; *P. Rhei* ℈j; *Magnes. Ust.* ʒss. M. Divide in partes tres, sum. j, q.q. 2d hor.

Dec. 19, 3 p.m. Pain still continues, and is fixed; pulse quick; tongue very much furred; skin hot and dry; headache and pain in back; some thirst; had vomited the powders; no stool. ℞ *Submur. Hydr.* gr. vi; *Opii Pulv.* gr. ½. M. sumat statim, repet. idem q.q. 4th hor.

Saturday, 20. Was called in haste this morning at five o'clock. Is much worse; pain considerably increased, and extending across the belly, aggravated very much on the slightest pressure; did not vomit the powders; pulse 80; no stool. Mittat sang. e brach. xvi oz. Applic. sinap. part. dol., et cap. *Ol. Ricini* ℥i, statim. Si non respon. in hor. quat., hab. *Sulph. Magnes.* ʒij. q.q. hor. donec amp. purg. Enem. domest. statim.

12 noon. Two hours after the oil had been taken he vomited; passed the enema almost immediately after it was given, mixed with no feculent matter; pain not in the slightest abated; general tenderness throughout the abdomen most intense over the caput cæcum coli; pale anxious countenance; great thirst, frequent vomiting, and flatulent eructations. Admov. hirud. duodecem ad dol. part.; postea foment. calid. Enem. adhib. statim. Contin. *Sulph. Mag.*

4 p.m. Received notice that he was considerably worse, and on arriving I found the former symptoms much aggravated; pulse 100, full; tongue the same; right cheek flushed; great anxiety exhibited in countenance; skin covered with perspiration, and is unable to move himself in bed; had vomited the salts; enema still retained. In consequence of some misunderstanding the leeches had not been applied. The former blood not cupped, but several parts of it covered with lymph. Mittat sang. ℥xvi. Admov. hirud. statim. Rep. enem. Cap. *Ol. Croton* gtt. ijss.

10 p.m. Two hours after the croton oil had been taken he vomited some glairy kind of mucus; passed both injections, with no stool, but it had a feculent smell; blood slightly cupped and buffed; takes nothing but water-gruel; pain, with general tenderness, no better; pulse 100. ℞ *Pil. Al.* c. *Col.* unum q.q. 2d hor. sumend. tere in pulv. Impon. emplas. canth. vesicat. ad abdom. Rep. enem.

21, 10 a.m. Passed a bad night, has taken five pills; no stool; blister rose well, and thinks the pain is rather easier; pulse 96; other symptoms the same. Applic. catap. emol. ad vesicat. Cap. pil. col. duas statim, et idem adhib. q.q. 2d hor.

8 p.m. Has had the pills regularly, but no passage in bowels, other symptoms much the same. Contin. pilulæ.

Monday, 22, 10 a.m. Has had the pills regularly since last night, and has had thirteen stools, which are feculent and of a brownish colour; the first stool was about an hour after last night's visit; expresses himself as considerably better; the hand can be pressed on the abdomen with great freedom, except above the caput cæcum coli, which is still tender; pulse 86, soft; skin moist; still some thirst; no more vomiting; did not rest much, from purging. Contin. cataplasm. Discontin. omnia medic.

10 p.m. Has had no more stools, but continues easy; blister discharging. Quies, cras mane.

Tuesday, 23, 10 a.m. Pulse the same; has had several stools since last night, which are mixed with a floeculent kind of matter; tongue cleaning; still some thirst; in other respects pretty well.

Wednesday, 24. Has had six or eight stools since yesterday; thirst diminished; blister nearly healed; scarcely any pain in abdomen; pulse 82; tongue nearly clean; beginning to feel a little hunger; ordered some mild soup. From this date he gradually continued improving, without the aid of any more medicine, his bowels being freely opened once and twice every day, and in four weeks he was engaged at his usual employment.

Remarks.—In this case, it would appear from the prevailing symptoms, that both the beginning and the termination of the bowels were in active operation. That the greater portion (if not the whole) of the small intestines were acting naturally is certain, from the retention of the larger part of the medicine, and the consequent violent purging which ensued after the subsidence of the complaint; and that the greater portion of the large intestines was also acting naturally, is equally certain, from the expulsion of the different enemata which were given. Now the fact comes to be this; that the complaint must have been either at the end of the small or at the beginning of the large intestines. In my opinion the complaint was altogether in the caput cæcum coli, which is proved by the pain commencing and continuing fixed in that part, and also from the observations previously made.

What was the pathology of this affection? Was it a case of simple obstruction in that part from constipated bowels, or a loss of muscular power in the part, and consequent over-distention, as Dr. Abercrombie supposes all cases of colic to be? Or was it spasm, which Dr. Cullen's views would lead us to believe? Or was it a case of common inflammation?

For my own part, I should consider this to be a case of obstruction, not altogether, however, arising from constipated bowels (although the patient had had no stool for two days previous), but, as Dr. Cullen would say, from a spasmodic contraction of that part of the gut, brought on, I have no doubt, by the large draught of cold water which the patient had drunk whilst perspiring profusely, his bowels being sluggish at the same time, both co-operating together, by giving a sudden check to the perspiration, and nervous system, and thereby bringing on the disease in question, which ended, from the severe symptoms which ensued, in inflammation.

CANCER OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—The importance of clinical lectures above all other lectures is unquestionable, and all men of science who feel for the welfare of a profession which stands first in the scale of humanity, must rejoice in the adoption of a mode of instruction, which but a few years ago was unknown in the British metropolis. Much also are the public indebted to THE LANCET for the wide diffusion and the consequent practical benefits of such lectures, which, had they ever been delivered at all, would, without the efforts of that journal, have been confined wholly to the limited circles in which they are pronounced.

In THE LANCET of November the 7th, in the clinical lecture of Dr. Elliotson, a case is given of "Chronic Inflammation of the Uterus," which, when I read it yesterday, impressed me very forcibly with an opinion, that its details and conclusion might tend to lead to much practical error. "The next case," the lecturer observes, "is one of diseased womb, in Elizabeth Warren, aged 29, a married woman, without children. Now this is to be noticed, that she was married and had had no children." The leading circumstance in the history of this case is, that about three months previous to her admission into the hospital, she awoke in the morning with a violent pain in the hypogastric region, accompanied by "a severe bearing down." "She had menstruated regularly before, and *very copiously*." "A month after this attack," which was the monthly period, "she had a profuse discharge of a black colour, containing large clots of blood," and this lasted "for five weeks." On her admission to the hospital, the uterus was found to be so diseased, as to induce a doubt whether it was not of a scirrhous (cancerous) nature. She obtained relief under the treatment adopted (bleeding, and mercurials with opium), and was discharged in the temporary absence of Dr. Elliotson from town, as "relieved."

Now a leading palpable error in this case is, that after amendment took place

("on the 12th she had no pain"), *no examination* was made as to the *then* actual state of the uterus. How came this to be neglected, which would have assisted so mainly to form a right conclusion on the nature of the disease! Before any treatment was adopted, Dr. Elliotson says, "Now I examined this woman myself, and found the uterus very hard;" "all seemed to be solid and fixed," "firm and fixed."

The neglect, then, of an *after* examination, when under amendment, to ascertain whether the uterus was *then* "solid and fixed," or softened and more compressible, has thus consequently involved this case in a supposed doubt as to its nature; and *in doubt* Dr. Elliotson concludes his observations on the case: "But I will not say at this moment whether the disease was simple induration, or *scirrhus*, in the modern exclusive sense of the word," all of which embarrassment might have been avoided.

The directly probable state of this patient was that which Dr. Elliotson supposes might have been the case, viz., that "the uterus had fallen suddenly into a state of inflammation," and the circumstance of her not having had any children—and having menstruated "very copiously" previously to the attack, confirms the probability of the opinion that there existed a predisposed state for such an attack. But, on the other hand, all the history and circumstances of the case as detailed, entirely preclude the supposition of a doubt that in its *then* reported state, it actually partook of any thing like the nature of *scirrhus* in the modern exclusive sense of the word."

In my "Inquiry into the Nature and Action of Cancer," published in 1805, I attempted to show and establish, that *scirrhus* was the result of "permanently altered structure" and "acquired actions" leading to cancer as a *necessary* consequence. This doctrine was opposed to the then prevailing opinions, that the disease depended upon some "specific poison," some "leaven" or "ferment" or "fomes," or some "animalculæ of an hydatid nature."*

This doctrine, supported as it was by the facts connected with the origin and progress of cancer itself, necessarily *slow* in its origin, was generally admitted, and so far influenced Dr. Baillie at the time, as to induce him, when he published his third edition of "The Morbid Anatomy," to withdraw certain opinions which he had formerly stated relative to the *predisposition* of parts as being *necessary* to produce the disease, when speaking of the "scirrhous and cancerous stomach."

So much is stated in application to the case in question. There never was a sudden attack the *immediate* result of which was *scirrhus* "in the modern exclusive sense of the word."

The morbid, the *permanently* morbid altered structure, must be the *progressive* effect of some *former* injury or disease of a part, wherever scirrhus or cancer exists.

In all this the late Dr. Denman concurred, confirmed as the concurrence was by his own able and extensive observation and experience. Scirrhus of the uterus was never *known* to exist in a menstruating woman of twenty-nine, and therefore could not have existed in Elizabeth Warren's case; but which state the diseased condition of the uterus would necessarily lead to at some *distant* period, if it were not wholly removed, or if the patient were not previously destroyed by some fresh attack of inflammatory ulceration of the organ itself.

All the symptoms of Warren's attack proved it to be *inflammatory*,—*sudden*, and not *previously slow* and *progressive*. Her "copious menstruations" previous to the attack, sufficiently indicated the state of things, followed, as it was, by the after "profuse discharge of large black clots of blood," which lasted for "five weeks," and by which nature herself very sufficiently and impressively pointed out the treatment for relief, and which was adopted in this case, but in *part only*, and not completed. She was "relieved," but not wholly so. The treatment, therefore, as a case, was unfinished, and here was the error. The patient should not have been discharged as "relieved," but the state of the uterus absolutely ascertained by examination, the treatment continued, and the case not lost sight of, until the disease was wholly removed, or found to be incurable.

As these observations may be applicable to other and similar cases which may occur, I have thought it practically important to send them for publication, which, even if, Mr. Editor, you should not agree with me in my views, I yet claim, at your hands, upon the just principle which has hitherto influenced the conduct of THE LANCET,—viz., that I may be heard, and, if wrong, that I may be set right, but if right, that that which is right may be established and promulgated. It is not, in this individual case of error, as I conceive it to be, that I respect Dr. Elliotson less, but that I esteem the promulgation of truth more.

Amidst the labours of an extensive private practice, no honourable man can fail to entertain feelings of respect for the public exertions of Dr. Elliotson in the general cause of science, which stand so pre-eminently in contra-distinction to those of that

* Among the *Poison*-mongers was the late amiable Everard Home, who, in a book published in the same year, profoundly supposed, that a cyst which he found in a scirrhous tumour, was actually the very apparatus for forming the cancerous virus or poison! This notion no doubt was honestly *his own*. It could not have been stolen from any of John Hunter's Manuscripts.

court "blow-fly," Sir Henry Halford,—the once wriggling maggot, Vaughan.

I remain, Sir,
Your obedient humble servant,
SAMUEL YOUNG.

Strutta, East Looe, Cornwall,
Dec. 26, 1835.

FREE GASES IN

DIABETIC URINE.

To the Editor of THE LANCET.

SIR,—For some months I have been much interested with respect to the free gases *supposed* to be contained in healthy urine, and have put the question to the test of experiment, by submitting the urine of different healthy persons to the action of my air-pump, in the manner formerly explained in the pages of your very valuable Journal, but I was not enabled to extricate a single bubble of gas from any specimen of urine experimented on.

Not deterred, however, by this, I was again induced to experiment on the urine of a sailor, belonging to this port, who had long been afflicted with that incurable and most severe disease, diabetes. This person, a dependant in the Sunderland Workhouse, came at two different periods to our infirmary, and in my presence passed twenty ounces of urine each time, in the most steady and correct manner, so that no gases were lost during micturition. The exact proportions of gases which ten ounces of this urine contained at the first micturition, were as follows:—

	Cubic Inch.
Oxygen gas	.06
Carbonic acid gas	.02
Nitrogen gas	.19
	.27

From the second of the two micturitions, which was performed about five days afterwards, I obtained from a similar quantity of urine the following gases:—

	Cubic Inch.
Oxygen gas	.03
Carbonic acid gas	.02
Nitrogen gas	.26
	.31

I need not point out to the medical faculty the importance of these facts. I beg that they may be compared with what I have published in the pages of THE LANCET, with respect to human arterial and venous blood. I remain, Sir, your most obedient servant,

W. REID CLANNY.

Sunderland, Dec. 24, 1835.

P.S. I forgot to mention, in a former communication, that in every experiment with my new safety-lamp, I used bladders of coal-gas, or explosive atmospheres of coal-gas and atmospherical air.

MEDICINAL PREPARATIONS OF MANGANESE.

To the Editor of THE LANCET.

SIR,—Among the numerous metals which have been introduced into the class of medicines, I have never observed any preparation of manganese. This metal is principally employed in the art of dyeing, and for chemical purposes, but I now wish to introduce it as a remedial agent. About two years ago I prepared a chlorine solution of that metal, and introduced it as an alterative and tonic, but afterwards found it a valuable medicine for epistaxis. Several remedies are now employed for this complaint, under the name of styptics, but I believe they are not to be relied on in severe cases of hemorrhage; and the acetate of lead is frequently objected to, on account of its irritating property.

It will be useless to mention the number of cases of epistaxis which have effectually yielded to the chlorine solution of manganese, as I have given the form for preparing it, and will leave the surgeon to judge of its application from his own experience.

To prepare the chlorine solution of manganese, put into a bottle which will hold about two pints, one ounce of carbonate of manganese previously mixed with three ounces of distilled water. Let a current of chlorine gas be slowly passed immediately upon the mixture (by means of a glass tube connected with the retort whence the gas is distilled) until the manganese is dissolved. The solution must then be put into a flask, and a gentle heat applied for a short time, when the mixture will become clear. Filter when cold, and add one ounce of alcohol.

This process occupied a great deal of time, and was attended with some little trouble; therefore, instead of using the chlorine gas, I have since prepared a muriate of manganese, which is not attended with trouble, and its medicinal properties appear to be precisely the same. To prepare the muriate, take one ounce of carbonate of manganese and two ounces of muriatic acid, mix them together in a flask, and apply the heat of a lamp for a few minutes. Allow the mixture to cool; filter, and add one ounce of alcohol.

With respect to the alterative properties of this medicine, I have not received sufficient proofs to enable me to speak much in its praise, but in some instances it has

proved a very good substitute for mercury, antimony, &c. For syphilitic eruptions it may be given, in combination with sarsaparilla, with a very good effect. In some obstinate cases of chronic rheumatism, it has also been given with advantage. The following will be the best mode of administering the muriate of manganese:—

As an alterative, ten or fifteen drops may be given twice or three times a day in water.

For epistaxis the same dose may be given, to be continued for a week or ten days, or until a sensation of vertigo comes on, which usually takes place. If the hemorrhage continue for some time without intermission, and the surgeon think it necessary to check it immediately, give ten or twenty drops every quarter of an hour, until the bleeding stops, or until vertigo is produced, and continue its use for several days after. In every case which has yet occurred, the second dose has always succeeded in stopping the discharge, and without producing any subsequent unpleasant sensation. The muriate will sometimes produce nausea, when the bowels are in a disordered state; therefore a dose of some aperient medicine should first be given, if time will allow, and also after vertigo is produced an aperient must be given.

For hemoptysis this preparation has not yet been given with success. However, it has only been tried in two or three cases. When combined with Sp. Æth. Nit. and Inf. Anthemidi, it has proved serviceable in some cases of hematuria, but it must never be given when fever is present.

By giving to the foregoing a place in your valuable journal, you will, Sir, oblige your obedient servant,

HENRY OSBORN, Chemist.

Southampton, Jan. 5, 1836.

AMAUROSIS,

FOLLOWING

SUPPRESSED FEELINGS OF PASSION.

To the Editor of THE LANCET.

SIR,—I send you the following case, thinking it worthy of a place in your journal; it occurred in the *Hotel Dieu*, Paris, last summer, where I was then studying. Your obedient servant,

J. I. IKIN, Surgeon.

Halifax, Yorkshire, Jan. 4, 1836.

Henry Forester, ætat. 35, tailor, of Paris, of a sanguineous temperament, was admitted under the charge of Dr. Recamier on the 11th of June 1835, for an affection of the head, accompanied with amaurosis. He states that he has been subject to violent pain of the head for two years and a half, but that it has become much worse lately, and that he has been totally blind for five months. The immediate cause of his blindness he attributes to a violent mental emotion, experienced whilst at a review of the National Guard, of which he is a soldier. Being strongly, and, as he considered, unjustly reprimanded by his captain, and not daring to reply to his superior officer, he was obliged to contain his violent feelings, in consequence of which partial blindness, attended with a strange sensation in the head, was the immediate result. This blindness rapidly became worse, and at the end of a month he was *perfectly blind*. For this affection, as well as for the pain of the head previously, he was repeatedly bled, both in the arm and the foot, and had cauteries applied to the head &c. but without the slightest benefit resulting.

His symptoms at present are, intense pain of the head, great heat of the scalp, watchfulness, agitation, vacant amaurotic stare, with dilated pupils, and numbness of the right arm, approaching to paralysis. Pulse 50, regular, but weak; tongue rather furred; appetite bad; skin cool; bowels regular; urine natural, and in proper quantity. Indeed it is only of the pain of the head that he complains. He answers questions rationally, though the other patients state that he is occasionally delirious.

The treatment at this time employed by Dr. Recamier was very simple. It consisted in the constant application of cold to the head, by means of a tube communicating with a tub of cold water placed just above his head; the exhibition of purgatives, when necessary, and in keeping him on low diet. These means have not the effect of relieving his intense sufferings, though the sensation of cold, from the constant application of a stream of water to his head, is very agreeable to him.

I watched this case very attentively for a considerable time, but no improvement took place, at least with regard to the affection of his eyes. The pain of the head did, indeed, occasionally abate, but only for short times together. He grew exceedingly emaciated, and, finally, decided symptoms of mental derangement ensued, in which state I lost sight of him, as he left the hospital.

Observations.—Here we have a case of amaurosis which was decidedly produced by congestion of the brain, causing paralysis of that part of the brain from which the optic nerve takes its origin, the exciting cause being a fit of passion; the predisposing cause his sanguineous and plethoric temperament, apparently not hereditary, as he informed me that his parents were healthy old people. The congestion appears to have been of that form which is described by M. Andral as the "*first variety of cerebral con-*

gestion,"* in his lectures now publishing in THE LANCET (and from the publication of which I became one of your subscribers; feeling greatly obliged for them, knowing, from personal experience, the value of the oral instructions of M. Andral). M. Andral there states, in speaking of cerebral congestion, "that it is attended with pain in the head, sometimes carried to a great extent, with vertigo, singing in the ears, giddiness, and, momentary aberration, or *loss of sight*, &c." And again, in another part, he says, "in some cases of cerebral hyperemia the symptoms may continue, with little or no intermission, for several months, or even for a whole year." Now in H. Forester's case the congestion apparently continued unremittingly for seven months, and it may have continued a much longer time, but as he then left the hospital I had not an opportunity of hearing any thing more about him. This case also well illustrates what Dr. ABERCROMBIE states in his excellent work, when speaking of the symptoms of different affections of the brain. He refers these symptoms to seven classes.† This case comes under the second form, or that of "headache, with affections of the senses." I will quote what he says: "After some continuance of fixed headache, the organs of sense become affected, as *sight*, hearing, taste, smell, and, *occasionally*, *the intellect*. The loss of sight generally takes place gradually, being first obscured, and, after some time, lost."

Numerous cases are recorded somewhat analogous to that of H. Forester, but none where a *fit of passion* is supposed to be an exciting cause of the disease. Dr. Copland, however, in his valuable "Dictionary of Practical Medicine," in his article "Amaurosis," mentions, in speaking of the different species of this affection, "*Amaurosis from Active Congestion*:—The existence of this species is more a matter of inference than is any of those into which I have divided the disease. Yet it seems *undoubtedly to exist*, especially when amaurosis is consequent upon obstructed secretions and discharges, or the drying up of eruptions; upon frequent stooping, or wearing a tight neckcloth, and upon *fits of passion*, when it occurs in plethoric persons."

CASE OF

COMPLETE ABSENCE OF THE UTERUS.

A FEMALE, forty-six years of age, who had never enjoyed good health, and was of weekly constitution, had arrived at the age just mentioned without having once menstruated. At the period of puberty the body and mammæ were well formed; but the menstrual discharge was replaced by a constant pricking pain in the left hypochondriac region, occasionally shooting down to the pelvis. The exacerbations of the pain were accompanied with vomiting, and occurred generally every month, but not regularly. In the twenty-sixth year of her age, for the first time, a slight discharge of blood took place from the vagina, the patient being affected with acute fever. At the age of forty-six she was compelled to have recourse to medical advice, from an increase of pain in the left hypochondrium. The symptoms were dissipated by antiphlogistic measures. The woman now permitted an examination of the genital organs; the external parts were in a normal state, but the vagina, which was about one inch in length, terminated in a cul de sac. In the course of a year this patient died of peritonitis; and, on examining the body, Dr. ALBERS found the internal genital organs in the following state: The vagina, as already said, terminated in a cul de sac. About one inch and a half from it, and placed laterally, were found two bodies not larger than a good-sized walnut; these were oblong in shape, and did not seem to have any connection with the vagina; however, each of them sent off, upwards and sidewards, a distinct bundle of fibres, terminating in the vicinity of another body, which appeared to be the imperfectly-developed ovary. Each of the oblong bodies, which we must consider as the rudimentary elements of the uterus, contained a small cavity, lined with a membrane analogous to mucous membrane. The tissue of the parietes, not more than two lines thick, was soft and fibrous. It was not easy to distinguish it from the round and broad ligaments, as all the parts together were enveloped in a mass of cellular tissue.—*Kleinert's Repertorium*, 9 year, July. Published September 24, 1835.

*** The Medical Society of Toulouse was lately occupied with the case of a woman in whom also probably the uterus was wanting. The vagina here terminated in a cul de sac; the patient had never menstruated, and external examination could discover no trace of a uterus. Dr. HOHLFELD, of Berlin, has treated a similar case. The female, twenty-five years of age, had never menstruated. This was attributed to obstruction of the vagina. An operation was performed, with the object of establishing a communication between the vagina and supposed uterus, but without success.

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* See LANCET for Dec. 12, 1835.
† See Abercrombie's work on the Brain, p. 315.

CASE OF

ARTIFICIAL ANUS,

PRODUCED BY A LANCE WOUND,

CURED AFTER A NEW METHOD.

Related by *Professor* DIEFFENBACH, *Berlin.*

A POLISH officer received, in combat, a thrust of a lance in the abdomen: the blade penetrated up to the shaft. The result was a wound about an inch broad and two inches from the umbilicus, from which blood and excrementitious matter were simultaneously discharged. The patient's life was saved by an antiphlogistic treatment, but an artificial anus remained, which resisted the means used by several surgeons to close it. The whole circumference of the opening was surrounded with a hard cicatrized mass, whose long diameter was five inches, and its breadth two inches. The middle of this mass was occupied by a round hole, which easily received the tip of the middle finger: its inner edge was lined with the mucous membrane of the intestinal canal; probably the transverse colon. An examination of the cavity of the intestine showed not only that it was united to the abdominal parietes, but that its caliber was considerably diminished. As soon as the opening was uncovered the contents of the intestinal canal issued forth; while it was compressed with a pelotte and bandage they were retained. However, when the patient went to stool, it was impossible to prevent a discharge of fecal matter through the artificial anus. After various unsuccessful attempts, the patient had recourse to a celebrated physician at Berlin, who thought he could close the opening by a *milk diet*, restricting the use of all solid food. The treatment had no other effect than that of rendering the patient exceedingly thin. He now placed himself under the care of M. CASPER and the author. The first care of the latter surgeon was to restore the patient's strength by proper diet &c. They then attempted to destroy the hard edges of the orifice with the actual cautery, but this means was also unavailing: an ill looking, pale, granular mass constantly shot up, which they could not get rid of. M. DIEFFENBACH now determined on endeavouring to close the artificial anus with a portion of integument taken from the sound parts; for this purpose he commenced by cutting away the hardened edge of the orifice, and then made a transverse incision of the skin, three inches long, above the wound, which this had left: a flap of skin, two inches broad, was dissected off, and this formed a kind of bridge that was connected by its two extremities only with the integuments of the abdomen. After having arrested the hemorrhage, M. DIEFFENBACH turned this flap downwards over the artificial opening, and united its edge with the lower edge of the circumference of the round cavity: here the two edges were united by a great number of small needles and sutures. The large wound thus produced was filled with charpie, to diminish the dragging and extension of the stitches. However, this experiment failed, the flap of skin died, and the granulations which sprung up were not sufficient to close the opening: the latter remained, although somewhat diminished. The author now proposed a method of treatment quite different; this consisted in destroying, with the actual cautery, the edge of the bowel united to the orifice of the wound, and also, at the same time, a considerable portion of the intestine within the orifice, sparing however, at each cauterization, the external integument. The edge of the intestine was touched with the actual cautery the first day: a few days later he introduced a hot iron, crotchet-shaped, and as thick as a pen, into the intestinal cavity, and touched its parietes all round. This gave little or no pain, and was followed with a happy result. The opening was immediately reduced by the rapid growth of granulations; and finally, after a treatment of nine months, the fistula was completely closed.—*Kleinert's Repertorium*, November 6, 1835.

CASE IN WHICH THE

ŒSOPHAGUS WAS INTERRUPTED IN ITS MIDDLE PORTION.

The Superior Moiety terminating in a Cul de Sac; the Inferior Opening into the Trachea. —Observed at the *Hopital des Enfans Trouves, Paris.* By M. PADIEU, *Interne.*

A CHILD of the female sex, one day old, was brought and deposited in the "creche" of the hospital, on the 6th of August, 1835. Immediately after its reception the infant was seized with frequent vomiting: she threw up a sufficient quantity of bloody mucosity to induce the nurse to say the child vomited blood. On the 7th the vomiting continued. The matter ejected consisted in a very spurious mucosity, tinged of a red colour from the blood. The colour of the skin was slightly jaundiced. On the 8th, some vomiting; the integuments are cold; the pulse excessively small; the respiration embarrassed; face a little bluish; the drink taken into the mouth was rejected very soon after having been swallowed. Death on the 8th.

Body examined on the 9th.

Body well formed externally; strong; length 18¾ inches. The brain and its membranes healthy. The larynx, trachea, and

bronchi, examined in situ, do not present any thing irregular. The lining membrane of the larynx and trachea appears only a little more red than natural. The heart is not voluminous; the foramen ovale is greatly developed and open.

Intestinal Canal.—The pharynx and inferior moiety of the œsophagus are healthy; the stomach is very small; its parietes are in contact with one another; the cavity contains nothing but some mucosity mixed with a brownish-coloured matter. The mucous membrane is healthy; the small intestine is imperfectly developed, and its cavity scarcely admits the blade of a common-sized scissors. The large intestine is also reduced in diameter; but the descending colon and the sigmoid flexure are more dilated; they contain a considerable quantity of meconium. On examining the trachea a second time, it was found that a small opening, of an oblong form, easily dilatable, and closed by the puckering of the tissues which surrounded, existed at the bifurcation of the bronchi. This was the orifice of a musculo-membranous tube which leads to the stomach. The superior moiety of the œsophagus terminated in a blind sac about an inch below the larynx, and was here united to the posterior wall of the trachea by condensed cellular tissue. The inferior moiety, ascended in its usual direction from the cardiac orifice of the stomach, passed along the right side of the aorta, and terminated, as we have said, in the inferior part of the trachea, near its bifurcation. This form of malformation appears to be unique. In all those hitherto observed, both extremities of the œsophagus, which is intersected for a greater or less extent, have terminated in a blind sac.—*Bulletin of the Anatomical Society of Paris*, 1835, *No.* 3.

TWO CASES IN WHICH THE

CÆSAREAN OPERATION

WAS

SUCCESSFULLY PERFORMED.

Case 1. Related by Dr. Wittekop, army surgeon at Geldern.—A strong healthy peasant, who had been delivered by perforation of the child's head three years before, demanded on this occasion that the Cæsarean operation should be performed. The conjugate diameter of the pelvis was less than two inches. She felt distinctly the movements of the child; the labour-pains were very frequent and severe; the liquor amnii discharged; the os uteri moderately dilated. The head was the part which presented. The author, having bled the woman, and emptied the bladder with a catheter, made his incision along the linea alba. The loss of blood was moderate, and the infant, with the placenta, easily extracted: the intestines did not protrude through the wound. After the operation the patient seemed well enough; but as the bowels were constipated, an Emuls. c. sal. Glaub. et nitr. was given. She was also ordered a draught of the carbonate of soda, with some laurel water and sirup of ipecacuanha. Finally, a lavement was thrown up. The bowels, however, remained obstinately costive. The patient vomited frequently, and was seized with constant hiccup and great anxiety and agitation. The abdomen appeared much developed between the umbilicus and false ribs; almost tympanitic; however, there were no absolute inflammatory symptoms. The patient was now ordered an inf. fol. sennæ compos., to be followed by an enema of Glauber salts with hyosciamus. This produced at first several feculent stools, and a discharge of flatus issued, succeeded by acute pain in the pelvis; at the same time the discharge of bloody serum from the inferior angle of the wound, left open on purpose, was much diminished. In order to prevent the passage of the secretion from the wound into the abdominal cavity, the woman was now placed on her abdomen, and a clyster of starch, with opium, was administered at once. The purging and painful sensations soon diminished, and the discharge from the wound took place with its former abundance. Cicatrization now rapidly advanced, the patient taking bark, calumba root, and wine, and on the eleventh day after the operation the patient was able to leave her bed. The secretion of milk was small, and the infant was nourished artificially; however, it thrived well.

Case 2. Related by surgeon Von der Fuhr, of Dülken.—The subject of this case was a female, thirty-six years of age. Labour had commenced twelve hours before the operation. This woman had already borne four children without any particular difficulty; but after her last delivery she commenced experiencing pains in the limbs, and especially in the region of the pelvis; these gradually increased to such a degree, that she was at last unable to move or walk. On examining the pelvis, it was found that the ossa pubis had inclined inwards towards each other in such a manner, that the arch of the pubis was completely gone, and the two bones formed an acute angle at the symphysis. The promontory could be easily reached with the finger; the antero-posterior diameter was two inches and a quarter; the transverse diameter was very small, and especially the oblique one. The whole inlet of the pelvis was considerably narrowed. Under these circumstances the author considered the only hope for mother and child lay in performing the Cæsarean operation.

This was accordingly done in the usual manner, and a healthy child extracted. After the operation the patient seemed more lively than could have been expected, but in a few days unfavourable symptoms set in, viz., frequent vomiting and costiveness. Some calomel, with an occasional enema, was administered; this brought away a quantity of feces and wind, and the patient felt much improved. The amelioration continued for the following days: the lochia now set in, and milk was secreted from the mammæ; however, the wound did not present an appearance of speedy union; it was half open, and at the second dressing its edges were completely separated. The author, therefore, thought it best to heal by the second intention; the wound soon began to suppurate; every thing went on well, and it was healed in less than seven weeks. During this period the woman did not suffer from any of her former pains, and was carefully restored. The child died on the fifth week.—*Kleinert's Repertorium.*

DESCRIPTION OF THE ARTERIES ENGAGED IN THE ERECTION OF THE PENIS.

Anatomists are not yet agreed on the mechanism of erection, nor in the manner in which the arteries of the corpora cavernosa penis are distributed in the interior of that tissue. The following is a resumé of the researches lately made on this subject by Professor Muller:—

M. Muller distinguishes the arteries of the penis into two kinds, differing in their course, form, and termination. One set serves for the nutrition of the organ, the other are the vessels which determine erection. The *nutritious* artery (*arteria profunda penis*) passes to the spongy substance of the organ; its branches anastomose with each other, subdivide, become finer and finer, and, terminating in capillary vessels, can no longer be followed by the eye. The *erectile* arteries (*arteriæ helicinæ*) are very short and small, and are given off at a right angle from the larger and smaller branches of the arteria profunda penis; they enter into the cells of the spongy substance, and terminate either in a cul de sac, or by an obtuse expansion, without giving any further branches. The caliber of the arteria profunda penis therefore is formed, not only of the nutritious arteries, but also of the small erectile branches, which probably receive no blood when the penis is flaccid, while, on the other hand, during erection, they conduct the blood into the cells of the corpus cavernosum. The arteriæ helicinæ also exist in the corpus cavernosum urethræ (corpus spongiosum), and especially in its bulb; in front of this latter body they are not numerous; the professor has not discovered them in the venous cells of the glans penis. These erectile branches are most easily discovered in man; less so in animals, where they are very irregular.—See *Muller's Archiv. für Anatomie.*

HOPITAL DES ENFANS MALADES, PARIS.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.

TUBERCULAR MENINGITIS.*

Child eight years of age; measles preceding; pulmonary consumption; death from acute hydrocephalus. Tubercular granulations in the pia mater of cerebrum and cerebellum; effusion into the ventricles; partial ramollissement of the brain; excavations in the lungs.

Case 2.—Pauline Arnaud, eight years of age, of lymphatic temperament; with light hair; fine white satin skin; eyelashes exceedingly long, &c. Her father and mother are healthy; she has not been affected during infancy with any eruptions of the scalp, or glandular engorgements. At the age of seven she contracted the measles; the eruption went through its course with regularity, but left behind it some accidents, in particular a catarrhal affection of the bronchi, slight, however, and never forcing the patient to keep her bed. In the year following the attack of measles, the cough was moderately frequent; headache from time to time; never hæmoptysis or convulsions. On the 1st of August she was seized with malaise, vomiting, and a little fever. These symptoms persisted for three days. On the fourth she was admitted into the hospital.

Aug. 5. At the morning visit she presents the following appearances:—Embonpoint moderate; face a little flushed; decubitus dorsal; cough not frequent; expectoration none; little or no difficulty of respiration; heat of the skin moderate; pulse 108; respiration 24; the tongue is covered with a light whitish fur; the nausea and vomiting have disappeared; the abdomen is indolent and supple; the stools natural; no headache; the intellectual and sensorial faculties are intact.

Had the examination of the patient been

* We continue our series of cases of tubercular meningitis, from page 495.

confined to determining the above symptoms, we might naturally have considered her as convalescent from a slight gastric attack; but on practising percussion and auscultation we soon discovered the existence of grave disorders in the thoracic cavity. Under both clavicles percussion gave a dull sound. The stethoscope revealed the presence of gargouillement and pectoriloquy in the most decided manner; the inferior pulmonary lobes alone were permeable to air. The disease was at once diagnosticated "pulmonary phthisis." A pectoral emulsion was ordered, and the patient allowed to take some solid aliment, as the digestive passages were in a good condition.

During the following days auscultation and percussion furnished the same signs as before, and confirmed the diagnosis. No change took place in the patient's condition until the 19th Aug. At this period diarrhœa set in, accompanied by an access of fever every evening, and terminating during the night in abundant sweats. The alvine flux was very obstinate, and resisted the employment of enemata with starch and narcotics.

On the 26th. The patient appears very dull, she refuses every kind of aliment. She answers the questions addressed to her with impatience. She avoids the light, and buries herself constantly under the bed-clothes. The pulse, however, remains calm. In the morning it gives only 84 pulsations. The respiration however is a little more accelerated; it is now 36. The abdomen is slightly tense, and painful to pressure; the chest is free from all kind of uneasiness; the patient complains rather of her head; no convulsive movement has been observed.

29. Profound alteration of the visage; alternating redness and paleness of the face; intense headache, forcing acute cries from the patient; vomiting. *Sinapisms to the lower extremities.* In the evening, convulsive movements of the muscles of the face and eyes; delirium; acute cries at intervals.

30. Deep prostration and stupor; pupils dilated and oscillant; complete loss of the vision; conjunctivæ injected; irregular movements of the globe of the eye; permanent rigidity of the muscles of the neck and trunk; resolution of the limbs; the sensibility of the skin is much diminished, especially on the right side; no trismus; no difficulty of deglutition; face is pale; abdomen supple; diarrhœa persists; five or six involuntary evacuations in the twenty-four hours; skin dry and warm, is covered with sudamina over the front of the abdomen and chest; pulse 144, small and frequent; respiration 40, and unequal; no cough or expectoration. *Blister to the neck; sinapisms to the lower extremities.*

31. The patient's eyes still agitated by convulsive movements. She murmurs every now and then some inarticulate words, without meaning or connection. The face is flushed; the rigidity of the muscles of the trunk still very well marked. It is impossible to place the child sitting up in bed. She is lifted up as if made of a single bit. The sensibility of the skin still obtuse at both sides of the body. The limbs are in a state of resolution, except the right arm, which is contracted.

Sept. 1. The symptoms continue to present the same character. The patient now lies in a state of complete coma. All the senses seem abolished except that of hearing. Twice we addressed a question to the little patient in a very loud voice, and twice she made a movement as if terrified.

2. Coma more profound. When the eyelids, which had hitherto remained half open, but now are closed, are drawn asunder, the pupils appear a little contracted; the conjunctivæ are injected, and seem ecchymosed in some points; the cornea is dull; its surface covered with an albuminous exudation. The movements of the globe of the eye are less pronounced than formerly. Persistence of contraction of the right arm, and of the tetanic rigidity of the neck and trunk. Pulse excessively accelerated, filiform; evacuations are involuntary; death at eight o'clock in the evening.

Body Examined 37 Hours after Death.

External Appearance. — Body but little emaciated; no cadaveric rigidity; anterior parietes of the abdomen present a greenish tint.

Cavity of Skull and Rachis.—Skull well formed; dura mater healthy; the glandulæ pacchioni seem small in number. Underneath the arachnoid which lines the convex surface of the hemispheres, exists a great number of granulations of a whitish-yellow colour, and varying in size from a milliet-seed to a large pin head. They are more numerous on the left side than on the right, and are chiefly confluent on the middle and external portion of the left hemisphere, and at the base, in the fissure of Sylvius. On the anterior and external surface of the left hemisphere, they are multiplied to such a degree as to produce small yellowish spots adhering on one side to the arachnoid, on the other to the substance of the gray matter forming the convolutions; the latter is softened with injection of its substance to the extent of an inch square, and to the depth of two or three lines; each lateral ventricle contains about three ounces of serum. The fornix and posterior walls of the ventricles are softened, but without any change of colour. No alteration in the rest of the cerebral mass; no tubercles. The pia mater covering the cerebellum also presents granulations; but the interior of this organ and of the pons varolii is healthy. The fibrous and serous membranes of the spinal marrow are separated by a consider-

able quantity of serous effusion; but the chord itself is perfectly normal.

Chest.—Adherence of both lungs to the costal pleuræ. Each of the two superior lobes is occupied by a large empty anfractuous cavern. The other lobes are healthy; we do not find in them any tubercles, either isolated or en masse. The larynx, trachea, and bronchi, do not present any thing remarkable. The bronchial glands are hypertrophied, but have not undergone the tubercular degeneration; heart and pericardium healthy.

Abdomen.—Peritoneum free from alteration; mammellonnated appearance and slight injection of the mucous membrane over the great cul de sac of the stomach; the rest of the membrane is of a rosy gray colour, and does not offer any change of consistence. The mucous membrane of the small intestines is, generally speaking, pale; it presents some points of ulceration near the end of the ilium. Some of the mesenteric ganglia are tubercular. Numerous ulcerations exist in the cæcum and in the colon; around the edges we detect a remnant of tubercular matter. The consistence of the mucous membrane of the great intestine is throughout diminished; the liver has undergone the fatty degeneration; the other viscera are sound.

P. H. Green.

LATE ELECTION

AT THE

RICHMOND HOSPITAL, DUBLIN.

To the Editor of The Lancet.

Sir,—Knowing that the pages of your invaluable journal perform at once the duplex functions of exposing medical abuses and suggesting practical remedies for their correction, may I, therefore, beg your attention to the subjoined statement of *facts*, which have produced much talk, if not excitement, amongst the politico-medical circles in this city, during the last fortnight or three weeks.

Mr. M'Dowell, a gentleman of much intelligence and indefatigable industry, who held the important office of Surgeon to the *Richmond Hospital*, fell a victim on the 7th instant to an over-zeal in his professional pursuits, which unfortunately outlived the powers of an ardent mind and a delicate constitution. I will leave the melancholy yet pleasing task of writing the eulogy of this honourable man and excellent surgeon, to a more graphic pen than I can wield, and content myself for the present by declaring with feelings of unfeigned regret, that by his premature and much lamented death, an amiable, and I am sorry to add, disconsolate family have experienced an irreparable loss, society has been deprived of one of its brightest ornaments, and the surgical profession in Ireland of one of its most distinguished and independent members.

I need scarcely inform you that Mr. M'Dowell's death created a vacancy in the Hospital in which he was so efficient an officer. An inconceivable number of candidates for the vacant situation suddenly appeared in the "contested field," each putting forward his qualifications and claims to the best of his judgment, either by letter, proxy, or in *propria persona*, to the members of the Irish Government, with whom this appointment rests. Mr. Cusack Roney, the *ex-surgeon*, who in prophetic talents, in matters of self-interest, rivals Pastorini, in this transaction anticipated the uncompromising hand of death, and in what he no doubt considered a clever hit, sought by a very early, if not an indelicate application, through his friend Mr. Moore O'Farrell, M.P. for Kildare, and one of the Lords of the Treasury, that situation, for an obscure relative, which was *as yet* the vested and legal right of the unfortunate sufferer, and for whose place, in excellence of character, it would be difficult to find a competent successor. Mr. White, of poor-law and cholera notoriety, employed as his advocate the eloquent Member for Tipperary, Mr. Sheil, who "could see no reason why his friend should not be appointed at once; he who had trodden the beaten path through the vale of years, and whose brow wore the indelible impress of the scathing hand of unsparing Time; in a word, he whose locks had not only grown gray, but had actually acquired an argentile brilliancy, in the cause of his country and suffering humanity." The Attorney-General, Mr. O'Loughlin, thought it would be no great compliment for the Government of which he is so distinguished a member, "to nominate his cousin, Mr. Kevin, who had been shamefully neglected, not only by former Governments, but by the public at large, for more than half a century." Mr. Trant's cause was ably advocated by his friend, Mr. Maurice O'Connell, the honourable Member for Tralee, who stated that he spoke the sentiments of his father.

This was an unfortunate mistake in the learned gentleman's address; for, when he had concluded his oration, Lord Morpeth, by way of reply, slily drew from his pocket a letter which he had received from the Liberator himself, in which he strongly recommended to his Lordship's attention another person, Mr. Lynch, whose capability as a clinical lecturer is but *too* well known to the pupils of the *Jervis-street Infirmary*.

Mr. O'Reilly was escorted to the Castle by a Mr. O'Farrell, the M.P.'s brother, who introduced him to Lord Morpeth, as being "the most efficient surgeon that could be

found in Dublin," and at the same time assured his Lordship that "he spoke the sentiments of his brother the honourable Member for Kildare, who would take the earliest possible opportunity of waiting on his Lordship, as he was much interested in favour of his friend the Doctor." Here a very awkward scene occurred similar to what took place in the case of Messrs. O'Connell and Trant. Lord Morpeth having listened with great attention to Mr. O'Farrell's statement relative to the deep interest which his brother took in the success of Mr. O'Reilly, smiled, and said, "This is really very strange," and then produced the letter which the Member for Kildare had written to him some *days* previously, by solicitation of Mr. Roney, in favour of another person.

A Surgeon Ferrall was introduced to the Government through a petition from the Sisters of Charity, which was most numerously signed by the members of that community. The petitioners humbly entreated "that his Excellency the Lord Lieutenant would be graciously pleased to carefully consider the claims and acquirements of their long-tried friend the Doctor, and that he would look with an eye of benign consideration on the object of their solicitude and *maternal* care, and that they would ever PRAY."

There were many other candidates in the field, but as I am not well acquainted with their mode of approach to head quarters, I cannot pretend to describe with accuracy the particulars of their canvass, or the parts which they played in this truly ludicrous "comedy of errors." The Government finding themselves thus beset and besieged by a number of applicants of conflicting interests, yet all happening to be their supporters, felt desirous of getting rid of the embarrassing situation in which they were placed, of making an invidious selection of one from amongst many friends, had recourse to the following extraordinary expedient:—They appointed Messrs. Crampton, Colles, and Carmichael, as a board of commissioners, and furnished them with a list containing the names of the candidates, from amongst whom they were desired to nominate the individual whom they deemed best qualified to fill the vacant situation. Well, the commissioners met, and met again, to consider and discharge the important duty confided to "*their better judgment*;" they felt puzzled and confused, for the list was composed for the most part of Roman Catholics, and it contained none but reformers; they could not, therefore, *conscientiously* recommend any of the persons whose names were on the Castle list; but agreed to recommend to his Excellency's consideration a gentleman, Mr. Adams, who was not on the list, but who had the good fortune to be the political and personal friend of the impartial and trust-worthy delegates! Mr. Adams was recommended to the Government and the legitimate candidates, under the audacious and insulting pretext, that *his* appointment to the *Richmond Hospital* was necessary, in order to support the "character of the medical school of Dublin"!!! Although such a statement may appear incredible and preposterous in the extreme to the impartial readers of THE LANCET, yet it had "the desired effect;" and, accordingly, in the course of a few days it was formally, and, I believe, officially announced in the newspapers, that "Mr. Adams was appointed to the vacancy in the *Richmond Surgical Hospital*, caused by the death of Mr. M'Dowell, and that a Mr. M'Donnell was nominated in the room of Mr. Carmichael, who had generously resigned to make way for his friend."

Thus ended the bungling and jobbing transaction, which in itself would be deserving of little public attention, were it not for the extraordinary circumstances connected with it, and the rank and influence of some of the parties concerned. This given the whole affair a degree of seriousness and political importance, quite sufficient to set reformers of every class a thinking. In the first place, let me ask, what in the name of common sense and common justice, could have induced the *Irish* Government, aye, and in this city, where party and political feelings run so high, and where partisanship and jobbing of the most flagrant and shameless description are deemed a legitimate part of the staple trade of the metropolis, to shrink from the firm and impartial discharge of its duty, and delegate the power and authority with which it alone was invested to three experienced jobbing intriguers? This may appear to those who know nothing of the former practies of the new-fangled commissioners, to be harsh language, but persons well acquainted with the intrigues of the medical professio, such as Cusack and Co., will readily understand the propriety of its application However, for the information of the uninitiated, I wish to justify my expressions and illustrate their truth by a reference to facts which challenge contradiction. Mr Crampton has, by a steady perseverance in that tact and manœuvrism of which he is an accomplished master, succeeded in getting three of his own apprentices, one of whom is his nephew, appointed surgeons to the Meath Hospital.

Amongst the numerous past achievements of Mr. Colles, I beg to call your attention to one which certainly ought not to be forgotten on the present occasion. About eighteen months ago, Mr. Colles, in accordance with an agreement previously entered into by himself and his immaculate colleague, Mr. Cusack, got his son, Master Willy, appointed, one morning before breakfast, resident surgeon to Stevens' Hospital!!!

All this was done before the public were apprized, by advertisement, or otherwise, that his *disinterested* predecessor had any intention whatever of resigning in favour of the luminary whom the contracting parties deemed a *suitable* successor.

So much for the practices of two of the faithful delegates. As to Mr. Carmichael's prowess as an intriguer, I don't think it necessary to add one word beyond what has been already stated—namely, that he has been *induced*, within the last few days, to resign a post of honour on conditions best known to himself. What could be more insulting to the candidates, all of whom were legally qualified to fill the situation, and whose names were forwarded to the commissioners, than to pass them by, and nominate one of their own creation, assigning as their reason for so doing the unblushing falsehood that it was necessary that Mr. Adams should be appointed to preserve the respectability of the "medical school of Dublin?" This is not only an insult to the medical teachers of Dublin, but a false representation in which the commissioners betrayed their trust to the Government which gave them power. Why, Mr. Adams and the *learned* commissioners would not be missed out of the medical teachers of Dublin, even if it were ordained by Providence that they should forthwith be translated "to another and a better world." However, let us now, for argument's sake, suppose Mr. Adams's exertions in the cause of the rising medical generation were ten times more efficient than they ever have been, and inquire how could the sphere of his usefulness be extended by his recent appointment to the *Richmond Hospital? In no one way.* Yes, Sir, I repeat it, in *no* one way can his new appointment render Mr. Adams's services *more* useful to his pupils, or "the medical school of Dublin," than they were before. Mr. Adams was attached as lecturer to a school which afforded him ample opportunity of imparting information to his pupils; he was likewise one of the surgeons to the *Jervis-Street Infirmary*, and had there abundant scope for giving clinical instruction to the pupils of that institution. Now, I beg leave most respectfully to ask the commissioners, Messrs. Crampton, Colles, and Carmichael, to justify themselves in the line of conduct they were pleased to pursue in the exercise of their high judicial authority, in treating with *contempt* the gentlemen whose names were inscribed on the list which was sent to them by a credulous, and in this instance a too-confiding Government? I must in candour say, that it is a matter of great surprise to many, and perhaps there is no person more astonished than Mr. Adams himself, that he, an avowed Tory, and the particular friend, I believe the relative, of the late Attorney-General Blackburn, should find himself the chosen protegé of a reform Government! I doubt if a greater enemy to reform, or a more strenuous supporter of Toryism, could possibly be found in the medical profession than Mr. Adams. As a proof of the truth of this statement, I beg to apprize you that during Lord Haddington's ephemeral administration in this country, Mr. Adams was, *on principle*, appointed to a lucrative Government situation.

When I state these incontrovertible facts regarding Mr. Adams, I do not wish to be understood as speaking disparagingly of him either as a surgeon or a gentleman. On the contrary, I believe he possesses a fair share of professional information, and that he is an honourable man. However, when I express myself thus, I wish it to be distinctly understood that the conviction on my mind is, that he owes his present appointment more to the religious and political prejudices of the commissioners than to his scientific attainments or private worth. I should be sorry to say that Mr. Adams ought to be classed with such rancorous bigots, both in religion and politics, as Messrs. Harrison, Jacob, *et hoc genus omne*, who take a pride in declaring, on all *suitable* occasions, their uncompromising hostility to the *present* Government, and their unextinguishable hatred to every thing liberal. By the way I have just heard that the veracious Mr. Harrison wished to become a candidate for the *Richmond Hospital*, and so far succeeded in imposing himself as a *liberal* on the able and learned Member for Wexford, Mr. Walker, that Mr. W. actually exerted his influence in favour of this political cheat with the Irish Government. Oh, shame, where is thy blush!

Well, Sir, we are told that "out of evil cometh good." Such being an acknowledged truth, the friends of reform and fair play could not possibly wish for a stronger case in favour of the necessity of legislative interference, as regards medical appointments in Great Britain and Ireland, than the one I have laid before you and the readers of your journal. Had the system of election by concours been in operation in the present instance, the Government would not have been driven by the humiliating act of a mistaken expediency, to the appointment of an *improper* Board of Commissioners, nor could they be taunted with having conferred power and place on *their* political enemies, to the unjust exclusion of their own supporters!

I have only one observation more to add on this important subject. It is simply this, to express a hope that the names of the ex-commissioners, CRAMPTON, COLLES, and CARMICHAEL, will be distinctly remembered, both by Mr. Warburton and the Government, should the promised Medical-Reform Bill lead to the establishment of a central board in Dublin, as persons who have, by their recent conduct, completely

disqualified themselves from acting or co-operating with any body of men whose duty and rule of action should be the exercise of impartiality and fair-play towards all persons, without reference to the religious or political opinions of any. I have the honour to remain, Sir, your obedient humble servant,

OBSERVATOR.

Dublin, Dec. 30, 1835.

METROPOLITAN UNIVERSITY DEGREES.

To the Editor of THE LANCET.

SIR,—Having read two letters in recent Numbers of your Journal, on the subject of the rumoured ministerial University, from students, it will not be thought, I trust, presumptuous in me, though but a country apprentice, yet equally concerned in this interesting event, to say a few words on the subject.

Thinking with your correspondent who signs himself "A STUDENT," that the plan divulged would be little better than a continuation of the certificate system (which enriches the few at the expense of the many), I wish to be considered as replying to some few of the extraordinary statements contained in the letter of the "KING'S COLLEGE STUDENT." On seeing this signature, I was led to suspect something unsound, and my suspicions were increased, when, on reading the letter, I found a long account of the immoral tendency of students having to prepare themselves for examination, without compulsory attendance on "recognised" schools. Your correspondent seems to have overlooked one source of disadvantage to the student from the present plan. Are the morals of young men more likely to be endangered in country towns, under the eyes of their friends and relations, or when crowded together amid the temptations of populous and dissipated cities? It is not so much the love of mere pleasure, as a fondness for company, that leads young men into the excesses of youth. Your correspondent seems to wish, that no degree should be granted unless the candidate has obtained certificates of attendance on lectures, when he himself allows that they are often procured without attendance. "How many are there," he exclaims, "who never show themselves in a lecture-room more than three or four times a week!" And yet these young men obtain their "certificates." Why then should certificates be required? Provided a student passes his examination, in consequence of having acquired sufficient knowledge to enable him to perform the important duties of a medical practitioner, what more can be needed by an honest government?

The present system also tends to prevent the country practitioner from raising himself above mediocrity, as he has no inducement to devote much time to the instruction of those pupils who are placed under his care, and who, after spending five years in comparative idleness (unless there be much dispensing operations), go to London, attend the "recognised" hospitals, and *there* are professed to be taught their profession, while, in reality, the system in the end produces little more than the "fees" which they are obliged to pay to the lecturers,—not a harvest of knowledge to the students.

But, Sir, that part of your correspondent's letter particularly astonishes me, where he says, that if young men "were to graduate directly on coming to London, relying solely on their own exertions for getting through their examination, and without being put to any expense, being sons of farmers, tradesmen, &c., their graduation would detract from the respectability of the graduates as a body." This, in the nineteenth century, from a student of medicine and surgery! The gentleman, no doubt, is the son, or perhaps the grand-*nevey*, of one of the "big wigs" of the profession, or surely he would not write thus. Are men of enlightened minds to be refused the means of graduating, because, forsooth, they are sons of tradesmen and farmers? Surely the gentleman forgets himself.

Praying that the cause, of which you were so long the sole supporter, may soon trample down its great enemies, monopoly, prejudice, and self-interest, I remain, Sir, your obedient servant,

A COUNTRY APPRENTICE.

Taunton, Dec. 18, 1835.

THE TUNBRIDGE-WELLS CONTRACT.

To the Editor of THE LANCET.

SIR,—As I am the "individual" alluded to in the communication made by Mr. Way in your last week's LANCET, allow me through the same medium to state the reasons why "I alone of all the medical men" objected to sign the resolutions entered into by those gentlemen who formed the meeting referred to. I *did not*, as is there stated, "decline from the first to act with my professional brethren." On the contrary, I attended the first meeting (held at Mr. Way's house), perfectly willing to join them in any arrangements which might meet my approbation, or ready to state my objections to any measures not in accordance with my views of the object for which we had been summoned together. Having been called away soon after the business of the meeting

commenced, I was not acquainted with the nature of the resolutions passed, until the next meeting, when I read them, and objected most decidedly to the *third*, which ran as follows:—"The meeting pledge themselves individually not to enter into any contract with the Guardians of the Poor, for the whole or any district of a union, without the *concurrence* of Messrs. Way, West, and Starling." By this resolution the Committee had so arranged matters, that no one should, consistently with his honour, have anything to do with the parishes, excepting such portions of them as they, presuming upon their appointment, might be disposed to give up, being either at too great a distance, or not worthy of their notice.

When Mr. Way called upon and pressed me to attach my signature to the resolutions, which I had returned without signing, I objected to do so on the score of the third resolution, and was then told by Mr. W. (one of the Committee), that the consequences of my refusal would be exclusion from all future medical meetings, and that should I at any time require assistance in any case of emergency, it would be denied me by all the medical men in the place and neighbourhood. * * * *

It is further stated in a resolution passed on the 26th of November,—"That the meeting express their deep sense of the apparent injustice which the Board of Guardians of the Tunbridge Union have committed in appointing a gentleman who had been less than four months in the district, to the charge of the sick poor of four parishes, which have hitherto for many years had the attention of five of the oldest practitioners in the place and neighbourhood, who were willing, if required, to continue their services on the proposed terms." * * * In reply to this, I beg to say, that although I have resided in the district only four months, I have, nevertheless, lived several years as assistant to one of the first practitioners, and in that situation have had the care of a part of the district. If the meeting meant,—when they said, in their resolution of Nov. 26th, that the district had been formerly under the care of the *oldest* practitioners,—to convey the idea that the poor cannot be so well attended by the *junior* practitioners, I beg to remind them that the pauper poor have been hitherto attended by the assistants, and even apprentices, of some of those old practitioners; and there exists a minute in one of the parish books, complaining in no measured terms of the inefficient treatment which one of the poor at that time received from an assistant.

In conclusion, I beg to add that *I* have not *monopolized* the parishes, but have given up half to a practitioner in the place, and such arrangements have been made as shall secure to the poor prompt attendance, and, in all cases of emergency, the attention of two *principals*, an advantage which they have never before enjoyed. I have the honour to be, Sir, yours very obediently,

HENRY L. SOPWITH.

7, Mount Pleasant-terrace, Tunbridge Wells, December 23rd, 1833.

*** To prevent a long and fruitless controversy on matters in which Mr. SOPWITH himself has not been placed in the situation of defendant, we have withheld from publication some passages in his letter. They relate to questions which are not really involved in the points at issue between Mr. SOPWITH and the deputation.

THE CERTIFICATE SYSTEM.

To the Editor of THE LANCET.

SIR,—As I perceive from the letter at page 516 of THE LANCET, signed "A STUDENT," that the writer is willing to end the controversy, I shall, to prove myself actuated by a like spirit, forbear replying to many of his assertions, and shall content myself with laying before the public the following extract from a lecture delivered by Dr Elliotson, at the London University, being the first he ever delivered at that institution, and containing a most excellent programme of what a medical education should be. I myself was a much-pleased auditor, but any of your readers who have not read it, may find it at page 64 of the volume of THE LANCET in course of publication in October 1831. The extract is as follows:—

"The mode of instruction by lectures, though by no means sufficient of itself, is in my mind of high importance. When a whole subject can be taught in a solitary course of lectures, and the exhibition of nothing is required, so that a mere delivery of statement constitutes the whole task of the professor, there can be no doubt that a good work containing all the same information might be studied in private with equal benefit, and indeed with this advantage, that it would, after probably costing less, remain in the possession of the student, to be consulted by him whenever he thinks fit. But when a circle of instruction is required, when the subjects are numerous, and demand many courses of lectures and many professors, the student cannot be committed to himself. Without lectures he would become almost to a certainty bewildered, study at irregular intervals, and wander from one subject to another, gathering little fruit from any. Whereas the attendance on various lectures at stated hours creates an excitement and interest, as well as a regularity of habit, which are of incalculable utility."

Such are the opinions of Dr. Elliotson on this much-disputed point, and as he is one of the most talented members of the medical-reform party, these arguments, strengthened by the authority of his name, will go much farther towards producing conviction, than any I could adduce. I therefore for the present bid farewell to this subject, which I have not undertaken without pondering well over the following lines from Horace's book "De Arte Poetica:"

"Sumite materiam vestris, qui scribitis æquam
Viribus; et versate diu, quid ferre recusent,
Quid valeant humeri. Cui lecta potenter erit res,
Nec facundia, deseret hunc, nec lucidus ordo."

That I was not inadequate to the office I undertook, is, I hope apparent to all. I have endeavoured to treat upon the subject with all possible calmness and moderation, and in retiring from the field of controversy, allow me to thank you for your liberality in allotting so much space to the writings of a political opponent. I remain, Sir, your obedient servant,

A King's College Student
of Medicine and Surgery.

December 29th, 1835.

, Our correspondent commits a great error in quoting the opinion of any lecturer in favour of attendance on lectures, and on the propriety of rendering that attendance imperative on students. The question, however, is not whether certain courses of lectures may be advantageously attended or not, but whether the student shall be compelled to pay for certificates of having attended those courses, and many others.

REDUCTION BY A TWIST.

To the Editor of The Lancet.

Sir,—Although dislocated hips may generally require pulleys and pulling, yet the profession should know that they will sometimes "go in with a twist." Last evening I was quietly taking my infusion of green tea, when "our hospital man," as my waitress calls a certain personage, announced a dislocated hip taken into *Guy's*, adding that Mr. "Morgan was sent for." Knowing by dire experience that Mr. M. *never hurries*, I proceeded very deliberately to the scene of action. I found students assembled in the theatre, and a man in a gray frieze cloak, handling ropes, pulleys, &c. in the area. A small candle placed near him, mildly illumined his vivacious countenance, and cast a dim religious light on the spectacled and muffled men around. I eyed the pulleys, the gray man, the puny candle, the spectators, and the shadows in the back ground, until I shivered. From half to three quarters of an hour however elapsed, the candle became dimmer, the shadows fewer, and at last the man in gray disappeared, when an ancient gentleman, with a broad-brimmed hat and broad-rimmed spectacles, entered the theatre and exclaimed, "Gentlemen! the dislocation is reduced. Mr. Morgan bids me say that he extended the limb, and it went in with a twist."

I descended to inspect the patient, and found him to be a man with a thigh like a life-guardsman's, and a belly to match. "Lucky fellow!" thought I, as I entered the case in my book, "to have thy dislocation go in with a twist! Enlightened students, to get such a clear and copious clinic, by proxy, on the case!" Your obedient servant,

Mr. Editor, Q.

Dec. 24th.

The Dublin Journal of Medical and Chemical Science, January 1836.

The fund established during the recent summer for the support of Ireland's "only Journal," is not yet, it seems, exhausted. Another number has just come out, in which the causes of the expensive failure are still more manifest than on any former occasion. The communications called "original," by custom or by courtesy, we presume, are below the usual average of such contributions even in that Journal; the reviews exhibit the ordinary mixture of partisanship; and it is enough to say, with regard to the "politics" of the Journal, they are by Dr. Jacob. But what opportunities for observation, what records of disease, or what talent in its investigation, could bring into favour in Ireland a work which is notoriously designed to promote the local professional advantages of the party by whom it was instituted and is supported? The feelings of distrust, suspicion, and contempt, which the appearance of each number of this periodical excites in Ireland, render the work a most inapt and uncongenial periodical for the circulation of scientific matter in the profession. Even had it the command of very numerous and able communications, which it certainly has not, its character as a means of promoting the personal interests and aggrandizement of a junto, would ever narrow the sphere of its utility and influence.

In November we analyzed the chief articles in the current number, and in about five pages of The Lancet presented our readers with every sentence of use and interest ex-

panded through fifty pages of "original communications" in the Dublin miscellany. In the number of the work for January 1836, we literally find nothing to analyze. We have Dr. Jacob again upon the endless theme of the infra-orbital cavities in deers and antelopes. When his labours may terminate on this subject there is no possibility of stating, as they conclude upon this occasion with a mere conjecture that these cavities are intended for the secretion of a peculiar odoriferous matter, by which the animals that possess them are enabled to distinguish sex, or recognise species. In corroboration of this opinion he gives an analysis of a large solid mass of the indurated secretion of these cavities in the wapiti deer, conducted by Dr. Geoghegan, who describes this material as consisting of a "number of hairs, with a quantity of cuticular delicate flakes, the whole intimately mixed with a dark matter composed as follows: a brownish, viscid, olly substance, probably containing resin; a volatile odorous principle; extractive, soluble in water and in alcohol; colouring matter which adheres to the flakes of cuticle; lactates of soda and lime; a trace of phosphate of lime; and chloride of sodium in considerable quantity."

This paper is followed by three cases of malignant *Diphtheritis* by Mr. Bewly. They are detailed with an attention to the record of unimportant particulars which bids defiance to analysis. It must therefore suffice to say that the subjects of this dangerous disease, and of Mr. Bewly's more than paternal care, were three sisters, aged, respectively, five, three and a half, and two years; and that notwithstanding a diversity of treatment adopted in the different cases, and the advantage of the opinions of several practitioners, the disease proved fatal in each instance. Mercury was extensively employed in these cases, and nitrate of silver was applied to the fauces, but without affording relief. Mr. Bewly also informs us that he proceeded to Dublin to have the advice of Dr. Graves, who, from the prescriptions in the report, recommended the chloride of soda, to be given internally, and applied to the fauces. The chloride seems to have produced no better effect than the other medicines employed. Mr. Bewly's excursion to the capital to consult the "oracle" must remind the reader of the practice of those seamen, who, in the "olden times," went to some "Norna of the Fitful Head" to purchase a favourable wind; and the results in both cases are much the same, the "filtres" of the Dublin sage being no more serviceable than the "potions" of his country friend.

Whoever is curious to study a specimen of that kind of composition which generally prevails in the articles that are read at the tea-and-coffee meetings of colleges and halls, had better peruse attentively the "Observations on Diffuse Cellular Inflammation, with some Remarks on Contagion," of Dr. Charles Lendrick, the next article in the number. It is a prim, pretty, pedantic production, which illustrates well the substitution of sound for the emanations of sense, wherein common-place announcements are rendered particularly original by the dexterous collocation of words and sentences. To the merit of such an achievement the author is certainly entitled, and we award to him the palm with the utmost readiness, but his reflections are by some years too late to secure him any further credit for the article, the facts and opinions out of which his paper is manufactured being as familiar to the profession as "household words."

A paper of a somewhat similar kind follows, by Mr. Ingleby, Professor of Midwifery in the Birmingham School of Medicine, who nestles here after having wandered to and from almost every other medical periodical in the three kingdoms. His subject is, "Laceration of the Uterus and Vagina, with Cases." From whatever cause, it has been generally remarked, that professed writers on midwifery are the most prosing and tedious story-tellers under the sun. We do not consider the opinion *universally* applicable, but yet it is almost impossible not to suspect that the authors who treat of "obstetrics" become unconsciously infected with the garrulity of the sex upon whom they attend. Their prolixity, at least, is unquestionable. We remember Dr. Hamilton's lecturing for a whole week on the case of the Princess Charlotte, though four hundred miles separated the commentator from the subject of his criticisms during her illness. Mr. Ingleby's paper occupies twenty-seven pages of print, and is then cut off by the editor just at the point where it terminates as an *introduction* to some cases. He commences on as regular a plan of divi-

sion and subdivision, of heading and "briefing," his subject, as if he were about to favour the world with a cyclopædia of midwifery. Thus we have "Preliminary Remarks;" "The Frequency of these Injuries;" "At what Period of Pregnancy arising;" "Laceration usual in First Labours;" "The Reason of this Explained;" "Laceration considered under two Principal Heads;" "Subdivision of the First Head;" and so on through all the grades of division, distinction, difference, and definition, that imagination can conceive.

The next paper consists of a series of observations on Fractures, by Dr. Houston. It contains a number of cases successfully treated according to a plan respecting which Dr. H. claims credit for some degree of originality. In this conceit, however, he errs, for the plan which he describes with such insufferable minuteness, differs neither in principle, nor much in detail, from that which is in common use in Dublin and elsewhere. But the cases are creditably drawn up, and accompanied by some remarks on spasm of the muscles in fractures of the extremities, which may deserve attention. However, Mr. Radley, in recommending the abandonment of splints, showed that an important part of his plan consisted in the prevention, or in affording the means of the speedy allayment, of spasms of the muscles in cases of fracture of the long bones, as one result of the disuse of splints. Much of the labour of Dr. Houston is expended uselessly, therefore, if Mr. Radley's views and premises be well founded and correct.

Dr. Graves has discovered another form of disease for which his "sugar of lead" is a "sovereign remedy." The readers of the Journals are, of course, well aware of the specific virtues of this medicine in cholera, through the writings of Dr. Graves. One of the medical attendants of the cholera hospitals in Dublin put him on the scent of that valuable remedy in cholera, and Dr. Bardsley, it appears, performed a similar service for him on the present occasion. "I was first," he says, "led to use this medicine in considerable doses (the Doctor is an apostle of the heroic-dose school in the latter stages of protracted fever), on the recommendation of Dr. Bardsley, for the purpose of preventing that state of bowels which so insidiously leads to the ulceration of Peyer's glands. * * Afterwards analogy led me to apply it for the cure of tympanitis, combined with diarrhœa, in the middle or later stages of fever, and *I* have much reason to congratulate myself upon this new application of the remedy, *for it has been very successful in my hands!*" All medicines, indeed, possess this luck in the hands of Dr. Graves. Any agent of the Pharmacopœia that he may fortunately be "led to use" or patronise, *presto* becomes "successful." The great desideratum attained in the "flying island" will doubtless be achieved one of these days by the Doctor in the "extraction of sunbeams from cucumbers!"

New and Complete Manual of Auscultation and Percussion applied to the Diagnosis of Diseases. By M. A. Raciborski, D.P.M., formerly Surgeon in the Polish Army, &c. &c. &c. Translated by William Fitzherbert, B.A., Cantab. London: Bailey and Co., 1835. Pp. 204.

The work of Dr. Raciborski has acquired great popularity in France, the birthplace of auscultation. In his preface, the author says, "The present publication is a *manual* on auscultation and percussion; that is, a portable book. All elementary books should be portable; not merely because the form is more convenient, but also because the domains of a science being once well determined, and reduced within proper limits, *those limits are always within bounds!*" We have ever considered that knowledge should be carried in the head, or remain in the library, and not occupy a place in the *pocket* of a medical man. Consequently, to "*vade-mecums*," and "*manuals*," we have usually shown ourselves to be inimical,—as inventions which are only designed to relieve the occasional embarrassments of ignorance. We do not therefore appreciate the value which our author sets upon the *portability* of his volume. Perfect knowledge of any branch of art can only be acquired by continuous study, and may as well be derived from a big book as a little one. The principal charm of a "manual" is its cheapness, and its consequent accessibility. The generality of epitomes and compendiums are grossly imperfect, although, if competently abridged, works of the description of the one now before us, may contain a very accurate

outline of the subject to which they are devoted, and in physical science, such as that of medicine, where much personal observation is implied, such a compendium may in its proper place prove an adequate substitute for a more voluminous work. Manuals may be correct, though they cannot be full. A scholar's globe may be perfectly accurate, though it can present but few details of the face of the earth, and the student will gain much knowledge of geography by its use. Indispensable qualities in an elementary work are, correctness of arrangement, clearness of principles, and strikingly illustrative details. We will try the volume before us by these tests.

The science of auscultation, on its first introduction into this kingdom, experienced the fate of all important discoveries. It was received with almost universal ridicule; but year after year the number of its disciples has increased, and, being dispersed throughout the various provinces of the empire, have propagated its doctrines so widely, that there are not now twenty men,—unless they be *pure* physicians and Fellows of the College,—who do not use the stethoscope in forming their diagnosis in supposed affections of the thoracic viscera.

In reply to the general demand for guides on this subject, almost the only work we have been able to mention with approbation, is the translation of Laennec's work by Dr. Forbes, the cost of which is expensive. There are many persons, therefore, who, without our attempting to draw for them a comparison between the two works, will be glad to meet with the translation made by Mr. Fitzherbert, who states that the chief merits of the volume consist in the new matter which it contains, and the clearness with which the author has arranged all that is yet known on auscultation and percussion. The author's preface we condemn, as full of erroneous dogmas. The translator should excise it in the next edition. The introduction forms an ingenious essay on the utility of auscultation and percussion. The work itself is divided into two parts—1. The explanation of different signs obtained by percussion and auscultation. 2. The evidence afforded by these signs in the diagnosis of particular diseases. The first division embraces, fully and satisfactorily, percussion in all the regions of the trunk, normal and abnormal. The propriety of this arrangement is obvious. A knowledge of the percussive responses in the healthy state, must precede a knowledge of their morbid deviations. Then comes a judicious essay on auscultation in general. In describing the normal respiratory sound, M. Raciborski controverts an opinion of Dr. Bean as to its physical causes:—

"The friction of the air against the parietes of the bronchi and vesicles, appears to us, as it did to Laennec, the simple cause of its formation. According to Dr. Bean, 'the noise of normal respiration is produced by the resonance, in the whole column of air inspired and respired, of the sound resulting from the pressure of this column against the soft palate and adjoining parts.' 'When the gutteral noise is suspended,' says Dr. Bean, 'the tracheal and vesicular noises no longer exist, the respiration, although silent, takes place as usual, and if you did not feel under the ears the thoracic parietes retire and advance alternately, you might believe the individual did not breathe.' We object to this, that if there were no other signs of respiration but those afforded by the depression and elevation of the thorax, it is very probable that respiration did not take place, and that if it occurred without noise, it was because the air did not arrive in sufficient quantity, nor rapidly enough to produce it; and that the reasons for which the tracheal and vesicular sounds did not exist, are precisely those which would hinder the formation of the guttural sound. As to our own experience, it has furnished us with results directly contrary to those of Dr. Bean. Patients required to breathe on a sudden, and therefore making more noise in the trachea, have the respiration very slightly remarkable; on the other hand, the respiratory murmur, although feeble, has been distinctly heard in persons with whom the soft palate made no noise. But to meet with these cases, you must choose persons with whom the expansion of the lungs is habitually marked, or whose respiration is puerile. Although Dr. Bean pretends to have heard normal respiration, by blowing through a tube of paper against the soft palate of another person who held his breath, we have tried the same experiments several times, without producing analogous results. Most commonly we have heard nothing in the chest, but sometimes an echo of the noise produced in the throat; that echo, however, had no similarity to the murmur of respiration."

M. Raciborski's remarks on the auscultation of the respiration and the voice, tally with our own conclusions on the subject. We quote the following morceaux relating to the more interesting auscultatic phenomena:—

"When a cavern bursts in the cavity of the pleura, this cavity contains a collection of liquids proceeding from the broken cavern, or afterwards secreted by the inflamed pleura. In this case auscultation will frequently detect in the chest a particular noise, called by Laennec *tintement metallique*. The father of auscultation attributed the *tintement metallique* to the vibration of the air at the surface of the liquid, when the latter is agitated by the respiration, the voice, or coughing. Dance brings forward the following opinion with regard to the formation of this noise. When the level of the liquid, contained in the cavity of the pleura, is superior to the orifice of the cavern, the air which enters at each inspiration into the lungs, rushes into the cavity of the pleura, rises through the liquid in the shape of a bubble, by reason of its specific gravity being less, and arrives at the surface, where the bubble breaks, and produces the *tintement metallique*."

This observation had passed unnoticed. It is only lately that Dr. Bean, without being aware of the coincidence, happened to suggest the same idea, which he explained and verified by numerous experiments.

"The *tintement metallique*, for which Dr. Bean has substituted the term *tintement bullaire*, may, according to that writer, be equally well heard during expiration, coughing, talking, and expectoration. In fact, he observes, although in these acts the air be expired instead of inspired, still in the majority of cases of the presence of caverns, the surrounding part of the lungs is hardened, and does not collapse during expiration, the air expelled from the rest of the lungs rushes from the trachea into the open bronchi, and from thence acts as air inspired. Most generally this noise follows each act of respiration; sometimes, however, it takes place slowly, which seems to arise from the circumstance, that the bubbles before bursting may stop some time at the surface of the liquid.

"According to Dr. Bean, the same noise is sometimes heard in large caverns, filled in a great measure with liquid, and in hydropneumothorax, without any communication with the respiratory passages. But in these two circumstances, it is difficult to conceive the formation and rupture of bubbles, and we must admit, in certain cases of *tintement metallique*, the simple explanation of this sound given by Laennec in the case when it accompanies the rupture of caverns into the cavity of the pleura.

"It happens frequently with patients in these conditions, that when they change a horizontal for an upright posture, drops of liquid, adhering to the pleura, or retained by false membranes, become separated from the mass of liquid, which falls to the inferior part of the cavity. These drops, by falling upon the surface of the liquid, occasion a noise analogous (similar) to that produced by the fall of a drop of water in a decanter containing a certain quantity of liquid. This is a variety of the *tintement metallique*.

"The cases in which the *tintement metallique* is observed, present another phenomenon. Whenever the cavity of the pleura, or a large cavern in the lungs, contains liquids and gases, you will hear, when you shake the thorax, the fluctuation of the liquid; this is called by Hippocrates *succussion*, and since his time, has been known as Hippocratic succussion. You may imitate this phenomenon by shaking a decanter containing a small quantity of liquid."—pp. 82, 83, 84.

The following paragraphs relate to the abnormal resonance of the voice through the parietes of the chest.

"The resonance of the voice is very distinct in the regions where the bronchi are superficial, but less so in those regions which correspond to laminæ of vesicles, on account of the numerous divisions experienced by the undulations of sound in arriving at the extreme ramifications of the bronchi.

"1. Hence, if the cavities of the vesicles be destroyed by any cause whatever, the voice will resound in the bronchi corresponding to the obliterated vesicles, and that in proportion to the greater or less extent of the obliteration. This abnormal resonance of the voice through the parietes of the chest, is called *voix bronchique or bronchophonie*. The impenetrability of the cavities of the vesicles, whether it result from the presence of tubercles, or from the concretion of the sero-sanguineous matter secreted by the parietes of the vesicles in the second stage of pneumonia, will therefore occasion this phenomenon.

"2. The same phenomenon is observable when the impenetrability of the vesicles is produced by an effusion in the cavity of the pleura. But if in this case the liquid be in too small a quantity to compress entirely the lamina of vesicles, and only causes a closer application of the pleura to the parietes of the vesicles, so as to form therewith a membrane more or less tense, applied to the extremities of the respiratory passages, the resonance of the voice will, in this case, offer a very remarkable character. It is a broken interrupted sound, like the voice of a person who stutters. It has been compared to the plaint of a goat, whence its name of *ægophonie*.

"According to certain recent writers, *l'ægophonie* is an uncertain sign; it is certainly not always easy to appreciate its character, but with attention and practice it may be distinguished from other signs.

"When the respiratory passages are dilated over a more or less circumscribed portion,

as is the case in partial dilatation of a bronchus, or in an excavation of the lungs, consequent upon tubercles, the resonance of the voice in those parts is such, that the patient seems to talk in the ear of the examiner, especially if the latter auscultate with the stethoscope. This is *pectoriloquie*, which is complete when the cavern is superficial, and adheres by its sides to the costal pleura, and when its angles are indurated; but it will be more diffuse, and may be heard over several different points of the chest, when it indicates a considerable dilatation of the bronchi. The hand applied over the parietes of the thorax during *bronchophonie*, feels the *parietal vibrations* as in a normal condition. This phenomenon is no longer met with when the lungs are separated from the thoracic parietes by a certain quantity of liquid."

The division of the volume which is devoted to the organ concerned in the circulation of the blood, is amongst the best in the work; it contains much original information, communicated with great perspicuity; but we shall quote no more, lest, without sufficient justification, we lay ourselves open to the charge, after treating the literary product in our critical alembic, of leaving only the *caput mortuum* for the benefit of the author.

The second part of the book is appropriated to the mode of applying auscultatic principles to the diagnosis of particular diseases, and these are arranged into affections of the abdomen and pelvis, of the organs of respiration, and of the organs of circulation. Upon the whole, we can, in strict justice, recommend this "compendium" as a faithful and intelligent guide to all those who are desirous of learning the art of diagnosis by auscultation.

The Cyclopædia of Anatomy and Physiology Edited by R. B. Todd, M.B. London: Sherwood.

The publishers have now issued a sufficient portion of this work to enable us to form a better estimate of its claims to support, than when it last received a notice at our hands. Parts 1, 2, 3, and 4, are before us, and we think that they afford materials for forming a correct general view of the plan and scope of the undertaking. On examining the subjects selected for explanation and description, we find the editor apparently chargeable with some faults of omission; but as the arrangement of topics is alphabetical, the deficiencies may be rectified in the future Parts, and we consider it probable that the *Cyclopædia of Anatomy* will ultimately supply an acknowledged hiatus in the literature of Great Britain.

The articles which have already appeared are for the most part well treated,—the natural result of a good selection of authors, in the list of whom, indeed, are the names of very many gentlemen of whom we may say, without any incautious respect for the authority of mere fame, that their engagement on the work affords a pledge that it will contain a large number of very excellent encyclopedic essays. The announcement of some of the "minora sidera" certainly excited a smile, and some surprise, perhaps. Their light, however, though simply twinkling, and not brilliant, may yet prove useful. As the Scotch say, "Many mickels make a muckle."

The nature and variety of the subjects embraced in the plan of the Cyclopædia are well known through the advertisements. The plan combines *Physiology and Anatomy* (Human and Comparative), with the essentials of *Animal Chemistry*.

With regard to the details of such a work, it is not in our power to give any useful account of them here. In speaking of the execution of the articles, we may particularly allude, for their excellence, to those on "Absorption," "Age," "Arachnida," "Aves," "Blood." Let us, however, take the opportunity of suggesting, that, as the work will necessarily be an expensive one, it is incumbent on the Editor to interpose his authority for the prevention of every circumstance that is likely to enhance its price without increasing its value. It should be the peremptory duty of the conductor to revise all the articles, with a view to repress diffuseness of style and redundancy of quotation. The exercise of a capacity to review the facts is not sufficient. The labours of literature, in a redacteur, comprise something more. The connection, also, which exists between the subjects of Zoology and Comparative Anatomy should not be broken, but to decide upon its extent the judgment and official powers of the Editor should be called into requisition, or the evil we have mentioned may become a just source of complaint. The engravings as yet given are good, and afford most material assistance in

the comprehension of many intricate portions of anatomy.

In the department of *Comparative Anatomy* Dr. Todd possesses the assistance of the two chief labourers in that interesting science—Professor Grant and Mr. Owen, and every fresh record of the exertions of these able and learned philosophers adds to the gratification we derive from having been the humble means of blending this branch of study in the department of *medical* education in England. Comparative Anatomy was known to but few as an important division of medical learning until the brilliant course of Professor Grant obtained universal diffusion in the profession in the pages of The Lancet. The impression of its value and interest is now continually being testified by the writers, and in the schools devoted to our art. Dr. Grant's "Lectures" constituted almost the only comprehensive and accessible source of information on this subject in the English language. Now the parent has a numerous progeny. The "lectures" of Dr. Grant, however, will for years stand unique for arrangement and details. But comparative Anatomy has now many labourers in the field, whose fruit is eagerly sought, and duly devoured.

Compendium of the Ligaments (illustrated by Woodcuts), and the various Cartilages, Synovial Membranes, Bursæ Mucosæ, and Bones of the Joints; the Dislocations, Fractures, Physiology, and Pathology. By A. M'Nab, M.R.C.S., London: Renshaw, 1835.

This work is a synopsis of the principal facts relating to the anatomy, physiology, and pathology of the joints. The author remarks that the study of medicine has been facilitated by condensing the writings of good authors, thus affording to all, the means of learning their contents at a cheap rate. The fibrous structures especially, which are in immediate connection with the joints, are in general described in voluminous works, and these descriptions are dispersed through different chapters. Mr. M'Nab does not profess to present us with any thing novel, but he has collected his facts with industry, and arranged them with judgment.

Respecting the woodcuts, the less that is said of their execution the better. They serve the author's purpose indifferently, but they are better than none; and in all other respects the volume will prove useful to the dissector, because the details are faithful. To the established practitioner, too, it may serve as a useful "flapper."

THE LANCET.

London, Saturday, January 9, 1836.

No apology can be necessary for resuming, after a very brief interval of time, the question of founding a national University in this metropolis. We must regret appearing to be tedious on this or on any other subject, but we must hope that the objects which it is sought to accomplish by establishing the new institution, are of so important a character, and must, in their results, be attended with so many mighty consequences to the country, that too clear a view of the whole of the circumstances involved in the consideration of the proposed scheme, cannot be taken in the present early stage of the inquiry. If the members of the Government proceed with any degree of *precipitancy* in this matter, they will erect a monument to perpetuate their own folly. In giving the executive Government credit for the best intentions towards the objects of science and the interests of the country, we cannot refrain from reminding them that something more than mere evidence of purity of motives is required in founding a great national institution, which is to be devoted to the culture of the powers of the human mind.

In contemplating the objects for which the University is to be called into existence, the *principle* on which it should be founded and governed, is not less apparent to the intellect of the philanthropist and the philosopher, than is the sun at noon-day to the senses of the rudest savage of the desert. How, then, can the bare thought or the sup-

position be sanctioned, or even tolerated, of *narrowing* the operation of that principle, to the functions or boundaries of two or three recognised schools, or institutions. The ratification, by ROYAL CHARTER, of so monstrous a proposal, would undoubtedly tend to bring the Ministers of the Crown into contempt, because it would evidently have a *tendency* to make them appear as the abettors of monopolies, or of signalizing them as persons of too contracted an intellect to frame a scheme of University Government which should be national in its principles, and national in all its arrangements and functions. There is one sign which ought to warn them of the dangerous ground on which they now stand. We allude, necessarily, to the approval of the scheme by nearly the whole tribe of medical corruptionists and monopolists. Why have those persons given to it their sanction? Because they are well aware that if the University be founded strictly on the plan of the CHANCELLOR of the EXCHEQUER, that the result will be a failure. These persons have sufficient cunning to know that if an University be not rich in its endowments, it cannot receive general support upon any other ground than on the solidity and extent of its reputation. In the instance before us there are NO ENDOWMENTS, and, unless REPUTATION be first secured, *it is not likely that any endowment will speedily exist in the new University*. Upon these views the calculations of the entire gang of corruptionists and monopolists are founded. In the infancy, at *the very outset*, of the institution, unless the University take a high, an elevated position, in the opinion of the enlightened portion of the public, *the candidates for the degrees will scarcely outnumber the members of the examining council*. And we ask, boldly, What can be the extent of its REPUTATION, if the scheme be only calculated to give *renewed life*, and *vigour*, to the odious and fraudulent system of "recognising" particular schools, which has been so long practised in the detested, and all-but-defunct, old medical corporations? This question should be answered, deliberately answered, by the Ministers of the Crown, before they proceed with their project one step farther. We repeat, that precipitancy on this occasion, will plunge them into an ocean of troubles and difficulties. How often does it happen that in discussing the details of a measure of reform, the principles which called that measure into existence, are either wholly misrepresented, or are passed over in silence by the disputants. Who can have forgotten the reasons which were publicly proclaimed for founding *University College*, viz., that the youth of the metropolis might enjoy the benefit of an University education; and, secondly, the establishment of an institution in which University honours might be acquired by all persons, without reference to religious creeds and distinctions? The objects, therefore, and the means of securing them, were resolvable into one general principle, of a wholly national character. Here we observed that the vile and sordid practice of "recognising" particular establishments, to the exclusion of others, in awarding University honours, was scorned and repudiated, not indeed so much in words as by the very principle which conferred upon the new institution life, energy, and strength. The partialities of Oxford and Cambridge had long been denounced, because it was generally felt, by the more enlightened portion of the empire, that in those Universities, bigotry and religious prejudice had often but too much share in making candidates successful in their applications for degrees. The "recognition" in those institutions was not of a favourable description, unless there was a "subscription" to certain articles of belief,—an exaction of too intolerant and odious a character to be any longer endured by the members of a well-informed community. What, then, are we to have in the new University of London? Not, indeed, the demand of a signature to "certain articles of belief,"—not a "subscrip-

tion" to a particular creed,—but the *evidence* of a *subscription of money*. In the one case the DEMON OF BIGOTRY is to be propitiated; in the other, the DEMON OF WEALTH.

We can scarcely say which DEMON is the most hateful. Both demands are equally obnoxious to the cultivation and the free progress of the human intellect. The stigma, the brand, of partiality, is manifest in both cases, and although some excuse might be found in the instances of Oxford and Cambridge, for an adherence to a line of policy which may have been justified by the circumstances of the period when it was first suggested and set in motion, yet there can be no just ground whatever, while establishing an University in this empire, in *the nineteenth century*, for rendering wealth, or, more correctly speaking, the *non-existence* of wealth, an obstacle, as gross and obstructive with reference to the procuration of University honours, as was that of religious intolerance in the fifteenth century. We again ask, "What is it that the Ministers design to reward?" and in answering the question we trust that the real sentiments of the individuals will not be disguised by a liberal display of plausible *words*. If the portals of the new University be thrown open to candidates, without any regard to the *places* of their education, and no other introduction to the examination be required than is to be found in the testimonials of an unimpeachable moral character, the University of London would at once far excel, in reputation and utility, every other University in Europe. But if Ministers, in setting this national institution in motion, require that it shall be reached only through two or three "recognised" TOLL GATES, representing only new colleges, or old corporation schools, it will but exist, as we have already said, as an unhappy evidence of the absence of sagacity and foresight in the minds of its founders. There can be no mistake as to the result. The gift of prophecy is not required in this instance to foretell the state of the future, for in the very arrangements which have already been suggested, there are seen the elements of disunion and decay. If the "recognitions" of the senate of the new University are to be confined to particular schools,—the funds, the buildings, and the general arrangements of which appear to be capable of accomplishing the objects which are specified in the University curriculum, then it must be at once confessed that the new institution is not dedicated to the *knowledge*, but to the *wealth* of the nation. It would be another costly and pernicious sacrifice to the power of GOLD. Have the members of the medical profession forgotten the anathemas which have for so many years been fulminated against the President, the Censors, and the Fellows, of the London College of Physicians? And what has been the *offence* committed by those parties,—the *one* offence which has obtained for them either the hatred or the contempt of every liberal-minded physician or surgeon in this kingdom? It was simply this,—*that they refused to examine any candidates for the Fellowship of their College who had not obtained degrees in medicine at Oxford or Cambridge.* Really this is a striking fact. It was owing to the existence of this disgraceful partiality that the recently-established *University College* received the warm and generous support of so many enlightened medical practitioners. The Fellows of the disgraced College of Physicians have contended, and still contend, that the charter has ever empowered them to make exceptions in favour of graduates of our two ancient Universities. What, then, are we, in founding a new institution, to create other exceptions, which must prove as obnoxious and pernicious as those which are already in existence? The Fellows of the College of Physicians by their conduct have utterly destroyed, not only the respectability, but the utility, of their institution. Had they acted courteously and invitingly towards the talent of the country, instead of bearing themselves

insolently and haughtily to every candidate who had failed to expend—uselessly expend—many valuable years of his life, and many hundreds of pounds sterling at Oxford or Cambridge, that College would at this moment have been taking the lead of every other medical institution in Europe, in all matters relating to the interesting and important science of medicine. From acting, however, in the odious system of restriction, partiality, and monopoly, the College of Physicians carries with it not the slightest degree of influence with any ten individuals belonging to the least-informed members of the profession. Every man, therefore, who prefers honesty of purpose and comprehensiveness of principle rather than intrigue, monopoly, and narrow-mindedness, will learn with a sense of loathing, if not with a feeling of horror, that our present liberal Ministry have, even for a moment, entertained the idea of framing a charter, in which, under the authority of the sign-manual of the King, there should be constructed, in the year 1836, some new arrangements for carrying on, with increased vigour, the old exploded system of favouritism, recognition, and monopoly.

"But," it will be remarked, "if distinc-
"tions be made in favour of *University Col-*
"*lege*, *King's College*, and two or three other
"establishments, will not the privileges thus
"conferred, prove of great advantage by
"raising the standard of education in those
"institutions?"

If this observation be well founded, are the utterers of it to limit the general tendency of its application? If the standard of education is to be raised in two establishments, why not in six, and if in six, why not in all that the country can produce? This would be a real national benefit. Then, indeed, a stimulus would be given to the cultivation of literature and a knowledge of science, which the existing monopolies would find it impossible to destroy, or even to weaken. In framing the charter, therefore, we call upon a liberal Ministry to abjure all distinctions, partialities, and exceptions, with reference to Universities, or scholastic establishments, of whatever description. At the same time we desire of them to insist, that the senate of the new University shall require from the candidates for the degrees, such proofs, furnished orally and in writing, of an extent of qualification which shall entitle the candidate to receive the honour which he is anxious to obtain,—the University distinction which they are empowered to award. In such a scheme no sanction will be given to "curricula" for "the schools." The examination alone will, in such cases, necessarily determine, in the best and most effective manner, those subjects of study which ought to be presented by the professors to the attention of the student. The *object to be attained*, will be the natural and rational stimulus of the pupil, and the subjects to be included in the public examination before the senate, will necessarily determine what shall be the qualifications, and what shall be the duties, of the professors and lecturers in the chief scholastic establishments of the empire.

Under some such scheme as this, the new institution would rise at once into beauty and grandeur, as an offering rendered to THE GENIUS OF THE NATION. If, however, it is to be made a thing of "shreds and patches," of jumbles and exceptions, distinctions and partialities, it will be called into action under the influence of an unworthy spirit, and as such, it will remain an object of perpetual reproach to its well-intentioned but deluded founders.

Since the foregoing article was written, a report has reached us which is in no respect curious, except for the malignity of the falsehood on which it is based.

It is stated that the CHANCELLOR of the EXCHEQUER, after having received deputations from those two filthy dens of monopoly and corruption, the College of Physicians, and the College of Surgeons, has referred the arrangement of the University

question, so far as the medical department is concerned, to Dr. CHAMBERS, Dr. HOLLAND, and Sir BENJAMIN BRODIE. This is the report. This is the falsehood. If Mr. SPRING RICE could have given,—but why should we say *if?* The thing is impossible. Still, we say, if Mr. RICE have listened in silence to such a proposition, he ought not to escape without being reminded of what was said by himself in the House of Commons, when the Lords examined the *Town Clerks* of the old Municipal Corporations, as to what had been the result of *the old system of government*, and what might be expected from the new. That the corruptionists, for very obvious reasons, will resort to every species of stratagem, and every manœuvre, in order to delay the settlement of the University question, is sufficiently plain to the least discerning individual, but that Mr. SPRING RICE or his colleagues will fall into any one of the many snares which are set for him and them, by the wily enemies of a liberal system of medical education and national improvement, is a misfortune which, we believe, cannot occur. It may be well, however, to tell the CHANCELLOR of the EXCHEQUER, that no two corporations in the United Kingdom of Great Britain, are so thoroughly, so heartily, detested by, probably, at least, fifteen thousand medical practitioners, as are the London College of Physicians and the London College of Surgeons. If, therefore, any liberal-minded legislator turn his attention towards these establishments, it must be in the hope of avoiding every thing that is sanctioned or practised therein—to *imitate*, nothing.

WE have observed with much satisfaction, that the new Town Councils have in several instances been addressed by medical gentlemen, who have been soliciting the appointment of Coroner for the borough. If this office is to be anything but a nullity, it must be filled by a gentleman who has been made equal to the discharge of its duties by a medical education. It is worse than foolish, because it is actually wicked and mischievous, to require any person who is not thus qualified, to execute the important functions which Coroners, at the great majority of inquests, are necessarily called upon to discharge.

THE concours for the chair of clinical surgery, now vacant in the Faculty of Medicine of Paris, commenced on the 2nd of this month. The candidates were, MM. SANSON, GUERDON, BERARD jun., LEPELLETIER, and BLANDIN, who all competed last year in the concours, which we reported so fully at the time. In addition to these gentlemen, we find only three new candidates, MM. JOBERT DE LAMBALLE, SEDILLOT, and LAUGIER. M. LISFRANC, convinced of the impossibility of being received amongst a body to which he has always been hostile, has retired from the field; although, curiously enough, he has since been sent as one of the four judges, by the *Academy of Medicine*.

THE concours, in Paris, for the anatomical chair, will not open before the 14th of April next.

SOME months ago, MOSES-MONTE-SANCTO was elected a corresponding member of the *Royal Academy of Medicine*, Paris. At the last sitting of the Academy, M. GUENEAU announced that M. MONTE-SANCTO was unable to avail himself of the honour conferred upon him, as the *Austrian Government refused their authorization to accept French degrees.*

INTERCEPTED LETTER.

"DEAR DR. MACMICHAEL,—You must apologize to my numerous friends who have been making anxious inquiries about me and all my concerns, and you must explain to all of them how impossible it is for me to resume at once my many arduous functions, immediately on my arrival in this labyrinth. You can scarcely imagine the effect of so sudden a change of subjects for contemplation, and of objects around me, and how difficult it is, particularly for a person at my time of life, to get into habits of business, after having for so long a time indulged in ease and indolence, and in the retirement of a country

life. BUONAPARTE, whose gigantic intellect enabled him to contemplate mankind in all its relations, made an observation, when on his flight from Russia, which has been often brought to my recollection, and which is particularly applicable to myself at the present moment. NAPOLEON, on his arrival at Wilna, had taken up his residence for the night at the house of the mayor of that city, and whilst walking about the room, in sullen meditation, began talking to himself,—for the Emperor was accustomed to put questions to himself and then reply to them. In the midst of the soliloquy he was heard to exclaim, "Good Heaven! how strange! There is but one step from the sublime to the ridiculous!" Now, far be it from me to compare myself, in many respects, with the great NAPOLEON, but I cannot help perceiving the accuracy of his observation to be applicable to myself, under present circumstances. To tell you the truth, my good friend, my position as a country squire, living richly in my own domains, never being visible beyond my own territory, unless in a splendid carriage, with four prancing horses, —this *sublime* state, contrasted with my avocations here, makes me feel that I am, at this moment, assuredly in a *ridiculous* plight, being every instant liable to be called to Kensington, or some other such place, to feel the pulse of a princess, and to look at her tongue, and then, perhaps, directly after, being obliged to address myself to her French maid, *Mademoiselle Nannette, ayez la bonte, ma chere amie, de montrer le pot de chambre?*" This, however, as you know, is only *one* of the many disagreeable things that the pure physician must submit to, in order to impress on his patient a sense of the superior knowledge which he possesses of all *internal* diseases.

"While alluding to NAPOLEON, there is a point to which I cannot but refer on this occasion, as one wherein I possess an acknowledged superiority over the late Emperor; I mean in my *classical learning*. His biographers tell us, that he was extremely ignorant of the *dead* languages, and that when he was at Brienne, receiving his preliminary education, such was his backwardness in acquiring a knowledge of Greek and Latin, that he procured with difficulty admission into the *Ecôle Politechnique*. In future life he often alluded to this, and used to quote a passage from LOCKE on Education, wherein that profound philosopher has, incautiously for the interests of our Universities, used these words. 'When I consider (says LOCKE) what ado is made about a little Greek and Latin, how many years are spent in it, and what a noise and business it makes to no purpose, I can hardly forbear thinking that the parents of children still live in fear of the schoolmaster's rod, which they look on as the only instrument of instruction, and a language or two to be the whole business of education. How else is it possible that a child should be chained to the oar for seven, eight, or ten of the best years of his life, to acquire a knowledge of a language or two, which I think might be had at a great deal cheaper rate of pains and time, and be learned almost while playing?'

"You must not suppose, my dear friend, that the time which I have spent in the country has been altogether lost, or that it has been uselessly employed. It is under circumstances of rural retirement, that I have experienced the extended benefits of that strict moral and virtuous course of education which I received at Oxford, and that I have been able also to reflect on the immoral and licentious habits so generally practised in my time by the students of the University of Edinburgh. 'The idea of rural felicity, observes an enlightened writer, is so congenial with the human mind, that we cannot wonder to find it cherished amidst all the hurry and dissipation of public life, especially if we consider that such a life is often attended with labour and sorrow, with weariness and disappointment. When we look abroad into the world, we see one man fixed down to his desk, or stationed behind his counter, and from morning to night busily engaged in arranging his accounts, or dealing out his commodities, with scarcely sufficient intervals for the refreshment or support of nature. We see another, aspiring after some place of honour or of profit, wrapt with suspense in the pursuit, frequently baffled in his object, and if at length successful, dissatisfied with the acquisition. While a third, whose situation may appear more enviable, who,—alike exempt from the toils of the city and the *ambition of the court*, has no other concern than to enjoy the amusements and pleasures of life, —is often found a miserable prey to chagrin, from the caprices and jealousies which are sure to infect the brightest circles of gayety and fashion. In all these cases the mind naturally looks forward to the country, to the independence of some rural retreat, the peaceful labours of husbandry, the diversions of the field, or the scenery of nature, for purer sources of enjoyment. How true is the language of THOMSON:—

> 'Retirement, rural quiet, friendship, books,
> Ease and alternate labour, useful life,
> Progressive virtue, and approving Heaven!'

"Besides participating in the amusements and recreations of a country squire, I have occasionally employed myself in reading those classic authors from whom I derived such delight when at college,—a source of intellectual pleasure which no one can appreciate, except he who has partaken of it. I have not troubled my head much, as you may well believe, with reading *professional books*. Indeed, excepting Mr. WARDROP's work on blood-letting, I have not obtained much

pleasure from any other literary production, and that book I have not only perused with great attention, but have interspersed it with notes on the blank-leaf copy which you were so kind as to procure for me, and which copy, now that it contains my notes, I think would be a very useful present to our College library. His knowledge of medicine not being limited to surgery alone, he has been enabled to treat the subject in a much more comprehensive manner than he could have done had he not possessed a thorough knowledge of physic. It is there where *general* practitioners have advantages over the *purer* grades. Indeed, I am free to confess, and it matters not for me, at my time of life, to let it be generally known, that I have often had occasion deeply to lament my ignorance of surgery, and I shall take some favourable opportunity of pointing out to the *younger* fellows how seriously their worldly interests are affected by their ignorance of that art, and the bad habit most of them have of affecting to sneer at everything like a knowledge of those diseases which require surgical aid.

"Now that I am once more amongst my professional brethren, it behoves me to devote all the energies of my mind to promote the good of our great cause, and as I can expect but few patients at this season of the year, I shall not fail to ponder well on College matters. The granting of licenses must not be delayed a day, and you may order Dr. ASHWELL to come first before us, on trial. The very idea of these German doctors makes me smile. But we must treat the matter gravely. So long accustomed as we had been to license the Scotch dubs, I never thought anything about *them*, and certainly we had some first-rate men amongst them, but to have to do with a squad of Dutchmen is really quite ridiculous; and if it were anyhow possible to keep the machine in Pall-Mall going without granting their admission, we should not run the risk of placing within our enemy's reach so powerful an engine of satire. I always remember, with regret, the laugh against us for inducing the good ARCHBISHOP to give CHARLES CLARKE a degree. But as things are, we must fearlessly adopt extreme measures.

"Next to the 'ways and means,' as my dear friend Sir ROBERT PEEL calls them, comes the Metropolitan University. Here we must strain every nerve. As I told you before, I have never been consulted by any member of the Government, directly or indirectly, at which, however, I am not surprised, considering that I think and act so differently from them on *all* points, and especially as they must know how cleverly I prevented the Peel-Wellington Administration from making any changes in Pall-Mall East. I do not myself see how we shall avoid being swamped, and I do augur that we shall share the same fate as Lincoln's-Inn-Fields and Blackfriars. All that I can gather about the matter, on which I can depend, is, that the whole system is already arranged. BRODIE has been, I must do him the justice to say, most diligent; and as he can, with equal ability, simulate a Tory, a Whig, or a Radical, he is just the man for that kind of employment. I only fear that should he see his way clear, he will throw his friends at Lincoln's-Inn overboard, and accept office. He must be watched closely. Neither would I trust Sir ASTLEY, notwithstanding all he says, if the *certificate*-system be wholly exploded. He flourished and lived under it, and its annihilation would be disastrous to him, had he not something else to look to. I rejoice to learn from Lady BRODIE, that Sir ASTLEY has taken a *serious turn* latterly. It is such a *revolution*, that I can only *hope* it is true. I do not expect that we shall get much good from the negotiations of HOLLAND and CHAMBERS. HOLLAND having endeavoured, after being a Whig all his life, to cut a favour with the Tories, when every rational man must have believed that they would hold office for ever, and having, now that the Whigs are in power once more, again become a Whig, I have no faith in him. His opinions will not be hearkened to; even the sweetness and simplicity of his manners will have no effect. CHAMBERS is too lofty and rough, and wants that *suaviter in modo* which gives me so much influence over the human mind. Let TUPPER, NUSSEY, TEGGART, FULLER, and all the top men in that line, know of my arrival. I have yet seen no one but Madame V., whose case, I am happy to say, I have hit exactly. I discovered that she has an affection of the *heart*, and I told her that the system of treatment which I would adopt was mild, and unattended with pain or danger, and that a ———— might also be required to perform a *radical* cure. Write a paragraph for the *Sunday Times*, announcing my having been consulted on this interesting case, and believe me always yours,

"H. H.

"Curzon-street, Dec. 1835."

ADMINISTRATION OF CREOSOTE,

AND SOME OTHER MEDICINES, NOT ALWAYS REMEDIALLY SUCCESSFUL.

To the Editor of THE LANCET.

SIR,—I have perused the account of a case of spasmodic affection of the stomach, with vomiting, not relieved by creosote, in THE LANCET of Dec. 19, related by Dr. Walker, in the letter wherein he refers to a

lately-published clinical lecture delivered by Dr. Elliotson. The cases recorded by Dr. Elliotson are *three*, as Dr. Walker admits, and the case now related by Dr. W. is but *one* case; I think, therefore, that he ought to have carried his observations farther. By reference to *other* clinical lectures of Dr. Elliotson, Dr. Walker would have discovered that Dr. E. has had cases in which creosote has failed to relieve gastrodynia and vomiting, as well as Dr. Walker, and that Dr. Elliotson, therefore, does not anticipate invariable success in the use of that medicine. There are many circumstances which materially modify the action of medicines, which must be taken into account. Thus, there was a case in our hospital last week, in which prussic acid was given to allay gastrodynia and vomiting: but each dose of the medicine increased the vomiting; but, on looking to the mode of exhibition, there was discovered the cause. The patient was taking the hydrocyanic acid in peppermint water, and that made him vomit. Peppermint is known to have this effect with many people. On substituting cinnamon water for aq. menth. pip., the medicine immediately had the desired effect, and she was discharged cured in a few days. Now Dr. Walker administered the creosote in his case in mucilage, and how do we know but that it was the mucilage, and not the creosote, that caused the vomiting? Nay, there is now a patient in our hospital who could not retain on his stomach a dose of a mucilaginous mixture which she was taking for a cough, although she did not vomit on taking other things. Again, ascribe the effects produced to the creosote, and even idiosyncrasy might play its part. There are those on whom medicines of various sorts have very unusual effects. Thus, a patient in our hospital last month, had her gums become tender whenever she left off mercury, and they got well again as soon as she resumed it.

We can only account for such anomalous cases by regarding them as the result of idiosyncrasy, so that by that same cause it will and does happen, that with one patient creosote will answer best, with another opium, with a third prussic acid, and so on. Accordingly Dr. Elliotson does not employ creosote *indiscriminately*, as might be inferred from Dr. W.'s letter, or from the perusal probably of one clinical lecture, but at this moment he is giving to one patient prussic acid, to another creosote, and to another stramonium, to allay pain in the stomach and vomiting. In the case in which he is giving stramonium; creosote succeeded for a while, and afterwards proved unavailing, and now stramonium affords relief. In another case prussic acid failed altogether to relieve vomiting, which ceased after the first dose of creosote (♏ j in aq. ℥j). In others, prussic acid avails where creosote fails; but, certainly, in point of efficacy, none of them surpasses creosote, and in very many cases it has proved beneficial after the failure of everything else; but then it must be administered in different ways, according to circumstances; and as to Dr. Elliotson's "plan" being "two drops in mucilage and water every six hours," that is not at all the case, for he usually gives it in plain water, and sometimes is obliged to increase the dose to twenty drops, or more, and that not only every six, but every four, or every three hours.

I would not have written in answer to Dr. Walker's letter had he not committed an error which is likely to do much mischief, and is too often repeated,—viz., that of drawing general conclusions from isolated facts. In another medical periodical, a week ago, Dr. Elliotson is censured for his indiscriminate use of iodine, as though he employed it as a panacea—as an universal remedy for all diseases, which no one who knows anything of that gentleman's practice can for a moment assert. It may not be amiss to state here, what is not generally known; viz., that if creosote be not very carefully purified, it contains an emetic substance, which passes over with it in the distillation. This fact was unknown to the chemist who first prepared creosote; and, consequently, much of the creosote which he at first sent into the market, actually contained a most powerfully emetic substance. Hence, perhaps, in part, have arisen the discrepancies with regard to its virtues as an anti-emetic. I am, Sir, yours respectfully,

A Student at the North-London Hospital.

Dec. 22, 1835.

*** We object to opening our columns to the controversy which would arise from the publication of some passages and remarks which we have omitted—but without at all interfering with his legitimate object—from the letter of our correspondent. We have endeavoured to limit his statements to facts which may here usefully obtain insertion.

MEDICAL MAGNETISM.

To the Editor of The Lancet.

Sir,—The candid impartiality with which you listen to both sides of any question that may be brought before you, assures me that you will give a place in your journal to the following simple statement of facts:—

Mr. Davidson says, in his letter inserted in last week's Lancet, that he regrets having been mentioned in connection with the subject of mineral magnetism. How this can be a cause of regret with Mr. D. I am at a loss to conceive; he was not forced into

the subject, but came forward of his own free will, to make some statements to defend some friends.

To crush me at once, Mr. D. brings forward formidable names. He says, Drs. Faraday and Ritchie deny any curative property in the magnet! However valuable the authority of these names in every other respect may be, it is inadmissible in this, as based upon theory only. One fact certainly is worth all the theories in the world. Neither of these gentlemen will hold a thing impossible because he does not see how it is effected. This would be unphilosophical indeed! Mr. D. further states, that there is nothing new in my method. Now Mr. D. ought to have stated at the same time, that he is incompetent to give an opinion, because he himself allows that he knows nothing of the magnet. The gentlemen on whose authority Mr. D. seems to make this statement, are neither of them fully acquainted with my views, and they certainly would not wish to condemn any one's opinions before hearing them. And though it is with the utmost reluctance that I make use of names, I believe that I owe it to myself to state, that Mr. Faraday pronounced my views, as far as he was aware of them, to be new on some points, and worthy of investigation. Singular it seems to hear opinions quoted, which differ essentially from those expressed by the parties themselves. Dr. Ritchie said, before the Westminster Medical Society, that in magnetizing, both poles were produced simultaneously. Now this is certainly different from what is said by Mr. D. As to myself, *I do assert*, that in magnetizing, the poles produce their *like* and *not* their opposites; all magnetizing is but a continuation of the like pole, and quite the same whether by contact or induction. I finally maintain, that like, and not opposite, poles assist each other. By simply following out these views, I have succeeded to obtain results, both in the construction and application of the magnet, not achieved before. My magnets are more powerful than others, because they are constructed on what I conceive the right principles.

It will be fresh in the recollection of every member of the Westminster Medical Society then present, that it was with considerable reluctance I accepted Mr. Hale Thomson's kind offer to experiment on amaurotic patients in the *Westminster Ophthalmic Hospital*. I say with reluctance, because I foresaw the objections that could be raised against experiments on the eye. It is moreover well known that many cases of amaurosis are accompanied by organic changes, and that but few are purely nervous. Mr. D. says I selected four cases as favourable for the magnet. This is a mistake; for though I considered one of the cases *rather* favourable, I did not consider the three others to be so; because one of them is accompanied by glaucoma; the other became amaurotic after an epileptic fit; and the third had been operated upon previously for cataract, when a piece of the capsule remained in the posterior chamber.

Mr. Guthrie, moreover, has kindly expressed himself several times, that none of the cases could be considered appropriate. Now in the one case I excepted, the patient professes to have received considerable benefit; the same, though in a less degree, was the case with two of the others. In most cases where the magnet is used, it is applied over the clothing and does not come in contact with the body, when, of course, no objections as to effects produced by the metal only can exist. And now a few words with regard to what Mr. D. calls an inquiry after truth. In the first place, I think it would have been fair to have stated that I at once admitted that cold would produce lachrymation, and that I applied the cold iron, fully expecting it would do so. But I say that iron will *not produce* that great mobility of the iris, which follows the application of the magnet. There can be little doubt but a piece of cold iron will produce similar effects on the eyes of four or five healthy individuals, but not precisely the same, as Mr. D. says, for on some it would not produce any perceivable effect whatever; others would feel heat, and some both cold and heat. But what has this do with the magnet? Mr. Thomson not remembering that cold iron produces lachrymation, very naturally considered it as one of the effects of the magnet, and he certainly would have taken an opportunity to correct his mistake, had such occurred. To me Mr. D.'s inquiry after truth, seems a wish to tell the public what great authorities are opposed to the magnet being used as a remedy, and to make them aware that he is of the same opinion. I remain, Sir, your very obedient servant,

CHARLES SCHMIDT.

137, Regent-street, Jan. 5, 1836.

TWO CASES OF

GLANDERS IN THE HUMAN BEING,

CURED BY CREOSOTE.

Related by Mr. J. P. CHEETHAM, *London, in the Veterinarian, Jan.* 1835.

THE susceptibility of the human frame to contract those dire maladies designated glanders and farcy, has now unfortunately been almost as clearly demonstrated as its want of power to resist the virus of rabies. It is with much pleasure that I am enabled to direct the attention of the readers of your useful Journal to two cases of glanders in men, that have been successfully treated.

A summary detail pertaining to the appearance and history of the affected horse will exhibit the nature of the disease.

In the month of April last, I was requested to examine a bay horse declared to have a common cold, with secretion of pus from the nostrils, but which had continued during an inordinate time. A person who shall be nameless, forwarded some balls that were said to be infallible. The owner, in order to be assured that they were administered, gave them himself; but not being very expert in this occupation, he lost a part of the cuticle from the knuckle of the fore-finger.

The symptoms presented by the horse were, the glanderous discharge with the fetid effluvium; extensive ulceration of the pituitary membrane covering the nasal septum; enlarged and indurated lymphatic glands, occupying nearly the whole space between the posterior maxillary bones, projecting beyond their margins, and displaying themselves even to the sight; and the cough short and difficult, indicating the tubercular condition of the respiratory organs. His coat and outward appearance, however, presented an apparently healthy aspect.

My advice was to destroy him, being certain of his death, and likewise knowing the danger of propagating the disease to other horses, and to the persons who were in attendance. The owner was unwilling to sacrifice his favourite, and pressed me to give medicine, valuing neither time nor labour. In order to satisfy his mind, I ordered the blue draught (sulph. cupri) to be administered twice a-day.

In the course of a week after this, the owner informed me that the horse had amended. Considering this rather a strange anomaly, I forthwith visited the patient, and satisfied myself that, instead of amending, he was quite the reverse, for blood was interwoven with the discharge; the breathing was laborious and difficult, and, especially, it was accompanied by a very peculiar sound in the nasal passages. In a few weeks the proprietor told me that the horse had been sent to the knackers' yard, and at the same time I heard that he and his man were similarly diseased.

The smell and the discharge were of an identical character with those emitted by the horse; and on examination my opinion fully coincided with his. From the resemblance of the characteristic symptoms in both, a general description will suffice. The virus was conjectured to have entered the system, in one, through an abrasion of the skin on the back of the hand, and in the other, through the medium of a sore on the lower lip.

The lapse of time prior to the appearance of the disease is not known. For a long time they continually smelled the nauseous effluvium that proceeds from glanderous matter; there was an increased secretion of mucus from the nose, which was attributed to mild catarrh, until the character of the discharge, the blood intermingled with it, pain in the frontal sinuses and the cavities of the nose, and short and interrupted sleep, roused them to a state of anxiety.

The pus with its gluey, slimy, glanderous appearance, satisfied me as to their real state. I could discern no distinct ulcers on the pituitary membrane; but from the statements given by the patients, I should incline to decide that they existed in the remote parts of the nose. The throat, on pressure, was rather painful, and the lymphatic glands were enlarged.

These patients having come so much under my own observation, I shall give some account of the treatment of their respective cases by Dr. Elliotson. The servant was admitted into the North-London Hospital, and the master attended by Dr. Elliotson.

By injecting a solution of creosote in water up the nostrils thrice a day—by this simple means, and this alone—the servant was brought to a state of convalescence in ten days, and the master in a little longer time. If the local application of the creosote had proved insufficient, it would have been administered internally. The strength of the injection was changed according to the stimulating effect produced. At first the cases admitted of two minims to the ounce of water, until the parts began to alter their morbid state.

These facts will add to the triumph of those speculative theorists who consider that glanders is a mere local affection. My purpose here is not to open the way for controversy on a disease that every pretender assures himself he possesses a specific for. The cases, however, are worthy of record. Perhaps they may lead to a course of experiments on the power of the creosote over this pest of the equine race. Let these experiments be fairly conducted, and let us cease to annoy others with our fanciful opinions, and wait until the treatment of glanders can be founded on a rational and secure basis.

[In a paper in the last volume of "The Transactions of the Royal Medical and Chirurgical Society," Dr. Elliotson refers to the above two cases. "I am anxious," says he, "to mention its effect (the effect of creosote) in two cases of chronic glanders, affecting one nostril and the frontal sinuses with pain, and a copious and fetid discharge. The disease in the two persons was clearly contracted from a glandered horse; and I purpose doing myself the honour of laying the facts before the Society early next Session, as I never read of or met with an instance like these in the human subject, former cases having been acute glanders or chronic farcy. The sedulous injection of a

weak solution of creosote up the nostril removed the whole of the symptoms after a very few weeks, and I hear the patients are still well. I need not say that the disease has always hitherto proved fatal in the horse."

With some exceptions, few and far between, and some of them of a very doubtful character, glanders "has always, hitherto, proved fatal to the horse." Should we at length find a cure for it in creosote, although only in its chronic form, the veterinary profession will be under deep obligation to Dr. Elliotson. We shall wait with some impatience for this valuable document, and in the meantime, some zealous veterinarian will, we trust, put the power of creosote to the test in the cases of chronic glanders, and favour his brethren with the result.—*Ed. V.*]

GUY'S HOSPITAL REPORTS.

THE example set by Mr. F. SOUTH, an "interne" of *St. Thomas's Hospital*, Southwark, has found speedy imitators in two "externes" of *Guy's Hospital*, its neighbour; and we have before us, consequently, a thick pamphlet under the above name. The circumstances under which this production has originated, the anticipations of its projectors, and the prospects of the contemplated series, must form subjects for our pen on another occasion. At present we shall simply say, that so low is the ebb of literature at "Guy's," that the medical officers have actually been to Bath for an introduction to their work!

Dr. Bright "opens the ball." We have danced through one fandango with the old lady, and below present our readers with a condensed account of her conversation while performing the labour. "If a man," said the dowager, "have, through ignorance, in early youth, or at any other time, whispered soft falsities in the ear of the public whom he hath courted, he should certainly repeal and amend his tale when he gets older and wiser. I once committed errors of this kind, and deluded those whose favour I sought. In a few years more I saw that I was wrong. I ought to have "confessed" at once; yet something held me back; but now, after the revolution of many more years, I am going to tell you my faults." Thus tripping on, with tongue and feet, we obtained from our partner the astounding confession that Dr. Bright had, for *many years*, abandoned a practice which he had previously recommended for its excellence to the profession, without ever hinting to them until this very day, that that practice was materially calculated to keep up the disease which he originally designed it to lessen. We condense the details,—which are distributed through half-a-dozen pages of the "Reports"—into the following passages. The original article, with a case of "Simple fever, protracted by Irritation of the Bowels, and attended by Relapse," appears in the form of "Observations" on the

TREATMENT OF FEVER.

THE physician should review from time to time his published opinions, that he may see how far experience bears out his former impressions. With this feeling I detail a case of simple fever protracted by irritation of the bowels. Eight years ago I stated my thoughts on the treatment of fever. Additional experience has induced me to make some important modifications, adopted from the practice of others.

In a great majority of the cases of fever treated, more particularly of those which are admitted into an hospital, the period has passed when the febrile action could be cut short. It is established, and, as it must run its course, it is our task to conduct it through as safely as possible. No danger, then, so frequently presents, as that which results from irritation in the lining membrane of the alimentary canal, more particularly in portions of the ilium, the cæcum, and in the colon, generally with great derangement in the digestive functions. To obviate this state, I formerly said that the combination of the hydrargyrum c. cretâ, the ipecacuanha, and the compound chalk powder, in different proportions, with the mildest nourishment, caused the symptoms regularly to retire. This practice has been followed by others with great satisfaction, but I now conceive that even this mild combination has, in many cases, kept up the irritation longer than would have been the case, had a more soothing practice been adopted: in point of fact I have not, for many years, had recourse to this combination, except for temporary purposes, scarcely ever now continuing its use in the way I once recommended.

As regards purgatives in the confirmed stages of fever, I almost entirely confine myself to small doses of *hydrargyrum c. cretâ*, varying from two grains to five, and followed, in about four hours, or the next morning, by a dose of castor oil, often limited to two drachms, seldom increased to

half an ounce, and never exceeding six drachms, to which I very often add from two to six drops of tincture of opium.

I further observed, eight years ago, "that as a part of the diaphoretic plan in fever, the ipecacuanha wine assisted a free discharge by the skin: but, that in many cases, harm rather than good is done by the use of saline remedies and diaphoretics in any form, as they irritate the bowels. Forcibly impressed with the injurious effects of most of our diaphoretic remedies, I have of late, in a very great degree, relinquished them; and have substituted a remedy, which I was first induced to try, from seeing its very favourable action in the hands of Dr. Addison; that is, the carbonate of soda, in doses of from ten to twelve or fifteen grains, three times a-day, in some mild aromatic infusion, as the infusion of mint; and this now generally supplies the place of all other saline combinations. It certainly irritates the bowels less than most other remedies given in fever, though it is occasionally necessary to guard even this with a drop or two of the tincture of opium. How the soda acts I am unable to say: but sometimes, in spite of all our care, diarrhœa threatens, and the stools assume the peculiar unhealthy appearance which belongs to this character of fever. To check them too suddenly would be wrong. In these cases, I find most excellent assistance in a clyster of a few ounces of gruel or starch, with a small quantity of the sirup of poppies, varying, according to circumstances, from a drachm to three drachms; and this repeated once or twice, or oftener, in the day, according to the urgency of the symptoms. For this remedy I am indebted to Dr. Robert Williams. I have, in most instances, found it decidedly preferable to the ordinary opiate clysters which I was accustomed sometimes to employ, and which will still be occasionally found indispensable. The advantage of the sirup of poppies over the tincture of opium seems to be, the greater mildness of its action. In that class and stage of fevers to which the present observations refer, I should say—Keep the patient tranquil, shave the head, and apply a cooling embrocation. Let the only food be fresh barley-water, or toast-water; or if, occasionally, a little more support is required, arrow-root and mild animal broth. Give the soda regularly: regulate the evacuations with the hydrargyrum c. cretâ and the castor oil: if the bowels need restraint, use injections of poppy sirup and starch: if abdominal tenderness come on, apply the linseed-poultice; or leeches, if the tenderness be urgent. Ascertain the condition of the bladder frequently, by placing the hand over the lower part of the abdomen. If the strength fail, the infusion of serpentaria, with a few grains of the subcarbonate of ammonia, is generally the best stimulant tonic: when wine is administered, it should be only by the ounce.

The case to which these observations refer was an instance of febrile irritation, kept up to a great length of time, and, when convalescence had apparently been established, a little neglect of diet, with animal food, led to a relapse, which threatened a fatal result. In the onset of the disease, a few grains of calomel, well guarded in their operation, will occasionally be found most decidedly useful, but I am quite convinced that great mischief results, in all stages of the disease, from the incautious use of this remedy.

NORTH-LONDON HOSPITAL.

Removal of Calculi from the Urethra.—Mr. Liston, on the 1st instant, removed three small calculi from the urethra of a little boy, aged four years and a half. The patient had suffered for some time with symptoms of stone in the bladder, and he had been sounded at one of the London hospitals, but no calculus was detected. On his admission here, the sound being introduced, it was found that the urethra was partially obstructed by calculi, about half an inch from the orifice. The grating of the instrument over these bodies rendered the diagnosis, as to the presence of any stones in the bladder, very obscure. Mr. L. removed three small stones of a sub-triangular shape, and of about the size of half a common nut, in the following manner. He introduced a sharp-pointed curved bistoury through the meatus, and widened the passage on each side. The stones were then easily scooped out. Mr. Liston preferred this mode of procedure in this case, to making an incision from beneath the urethra. Had the stones been situated further down the passage, he would, he said, have pushed them behind the scrotum, and cut down upon them through the perineum.

The Taxis in Hernia.—In a clinical lecture the other day, Mr. Liston remarked that he believed that operations for strangulated hernia were resorted to far more frequently than was really necessary. He believed that almost all cases might be relieved by the steady and persevering application of the taxis, particularly if resorted to within twelve hours in inguinal hernia, and six or eight hours in crural, after the strangulation has occurred. The warm-bath and bleeding might be advantageously employed in many cases. Of course in the use of the taxis, it required in the operator a perfect knowledge of the direction which the hernia takes. It was a mistake to suppose that this application required less address and skill than the cutting operation;

for, in fact, its successful use generally reflected as much credit on the surgeon, and was attended with much less danger to the patient; there was less fear of acute peritoneal inflammation coming on, and, of course, more chance of recovery. It must be understood, however, when recommending the steady and persevering employment of the taxis, that he did not sanction any sort of violence, nor the carrying the application beyond reasonable limits. The first indication in this operation was the reduction of the bulk of the tumour, which was effected by squeezing the air contained in the extruded bowels into that within the abdomen. The pressure was to be kept steadily up for fifteen or twenty minutes, and the contents, if possible, gradually pushed back into the abdomen.

LOCK HOSPITAL.

CASE OF GONORRHŒAL DISCHARGE, ACCOMPANIED WITH CONDYLOMA AND CONDYLOMATOUS ULCERATION.

Lucy Carter, ætat. 17, was admitted on the 13th of March, 1835, under Mr. Walker's care. Her complaints, which she has had for more than two months, commenced with severe ardor urinæ two or three days after connection, and a discharge occurred during the ensuing week. She has had a bubo in the left groin for two months, which gives her but little pain; there is an ulceration in the inferior commissure of the vagina, which she has had for three weeks, and three or four small condylomata at the edge of either labium, which have been there for the same period. She has taken no medicine. Her present symptoms are, a profuse thick yellow discharge from the vagina, scalding in micturition, &c. Her general health is not very good; there is much shortness of breath; general uneasiness about the chest; with pleuritic pain over the right side. The bowels are very much confined. The catamenia have been absent for one month.

She was put upon a purgative plan of treatment, and a saturnine lotion was applied to the bubo and condylomata.

19. The scalding has nearly gone; the sore in the inferior labial commissure presents a turned edge; a small bubo is presenting itself in the right groin.

26. The bowels are very costive, and she has been obliged to take large doses of aperient medicines (*Compound Decoction of Aloes and Rhubarb*) to keep them open. She has also suffered much from weight and pain across the forehead.

April 3. The bowels have been better regulated lately; the gonorrhœal discharge still continues thick, yellow, and profuse, in quantity, and there is slight scalding in micturition. There is much excoriation from the ulceration around the orifice of the vagina.

12. The purgative plan of treatment has been continued with much relief to all the symptoms present, both internal and external. The old pain over the forehead and eyes sometimes returns, resembling in the severity of its attacks the low ague.

17. She has had no return of pain in the head since the last report; the discharge is nearly gone; the scalding has subsided, and the ulceration and excoriation are healed. She was discharged this day.

In the Mock Lancet of last week, Roderick Macleod, the amiable editor, compiler, or fabricator, of that weekly bundle of stupidity the "Medical Gazette," "confirms" all that we have said respecting the application which was made to Mr. Liston, respecting the Chair of Surgery in the University of Edinburgh, and concludes his notice by observing, "With respect to "the gentleman by whom the invitation "was sent to Mr. Liston, it now appears "that a Mr. Dick was the individual;" and then, echoing The Lancet, Roderick says,—"This is the whole of the matter." Here, however, the amiable mind of Roderick will be gratified on discovering that he has committed another mistake, as it is *not* the whole of the matter. The gentleman whom he designates "a Mr. Dick," and who wrote to Mr. Liston, is *the* Convener *of the Town Council of Edinburgh*. Further, we may state that it is known in Edinburgh, that the Lord Provost applied personally to Mr. Liston, when that gentleman was lately in Edinburgh, to ascertain if Mr. Liston would take the Chair of Surgery; and the magistrate who takes charge of the College affairs, and who is Chairman of the College Committee, addressed a letter to Mr. Liston, in which was contained a similar inquiry. Nothing, therefore, can be clearer than the following facts, viz. that Mr. Liston having been consulted, and having declined the appointment, Sir Charles Bell was then "sounded," and the distinguished knight, having given a favourable answer, received the Chair from the Council.

To the Editor.—Sir,—On Wednesday (Dec. 23), at the Board of an Hospital which is known to the medical profession for the great integrity that distinguishes the proceedings of all its members, the following contest for professional respectability took place. A young lawyer, after discussing some knotty points at the Board, indulged in sundry caustic reflections which proved to be very unpalatable to a physician of some notoriety, who replied in his customary manner, and, on resuming his seat, declared that every word spoken by the lawyer was altogether false. The lawyer did not approve of this mode of *arguing* the case, and on rising, declared the fluent doctor, with three emphatic iterations, to be neither more nor less—I blush to say it—than "a liar." Little more beyond a few apologies to the Board was said, and the doctor retired—to look it was whispered—for "a friend;" but the surmise was wrong, for next day the following pithy dialogue was heard. "Well, Doctor, I suppose you have been to Chalk Farm this morning." "What!" replied Dr. S., with most feculent look, "to fight with a t—d? No, damine." High moral contempt no farther could go,—nor better could character be illustrated. I am, Sir, your obedient servant, Q. T.

Dec. 29, 1835.

Messrs. Watkins and Hill.—In a note sent to us by these gentlemen (the whole of which we need not insert), the following statement occurs. The note from Mr. Wilkinson, referred to below, justifies the statement of Messrs. W. and H.:—"If Dr. Schmidt or Dr. Epps had been contented with simply stating that a bet of fifty, or a hundred pounds, was offered by a gentleman (relative to the construction of a magnet), we should have had no reason to complain, but when they gratuitously add that we *accepted* the bet and *failed*, it is really too bad. The truth is, that the moment the bet was offered by Mr. Wilkinson we instantly declined it, and never thought more of Dr. Schmidt or of his magnets, until we saw our names in The Lancet. The enclosed note from Mr. Wilkinson (to one of our firm) will prove the correctness of our statement. We have been very unkindly and unfairly dealt with in this business by the two learned Doctors.—5, Charing Cross, Dec. 30, 1835."

Mr. J. O. Francis, Surgeon, of Ipswich, has announced himself as a candidate for the office of Coroner in that borough in a circular of which the following is a copy:—

"Sir,—I beg respectfully to announce myself as a candidate for the office of Coroner for the borough, and to solicit your vote on my behalf. I am aware that the duties of Coroner have hitherto been generally performed by members of the legal profession; but, evidently, for some years past, it has been a growing opinion that medical science may be more advantageously employed in the investigations which come within the province of this officer. Should I be honoured with the appointment, no effort on my part shall be wanted to discharge the trust reposed in me.—I am, &c."

Mr. Wm. Cooke has in the Press a brief Memoir of the late Sir William Blizard, read before the Hunterian Society, with additions.

A Popular Manual of the Art of preserving Health, embracing the Subjects of Diet, Air, Exercise, Education, Bathing, &c. By Mr. J. R. Davis, Surgeon. London. Whittaker, 1836. pp 504.

A Treatise on the Diseases of the Eye and its Appendages. By Richerd Middlemore, M.R.C.S., &c. In 2 vols. London. Longman, 1835. 8vo. pp. 800 and 858.

On Perforation and Division of Permanent Stricture of the Urethra by the Lancetted Stilettes. With Observations on Spasmodic and Inflammatory Stricture, and other Urethral Affections. By R. A. Stafford, M.R.C.S., &c. 3rd Edit. London. Longman, 1836. 8vo. pp. 322. With Engravings.

Davis's Obstetric Medicine, to Part 43. London, Taylor. **** This excellent work is now near its conclusion. The plates present some of the best specimens of lithographic drawing which we have ever seen appended to a medical work.

Remarks on the Unity of the Body, as illustrated by some of the more striking Phenomena of Sympathy, both Mental and Corporeal, with a view of enlarging the Grounds, and improving the Application of the Constitutional Treatment of Local Diseases. By George Macilwain, M.R.C.S., &c. London. Highley. 1836. 8vo. pp. 294.

A Practical Treatise on Midwifery, containing the Result of 16,654 Births, occurring in the Dublin Lying-in Hospital, during Seven Years. By Robert Collins, M.D., late Master of the Institution. London. Longman. 1835. 8vo. pp. 526.

Practical Observations on Homœopathy; with a variety of Cases tending to prove its decided superiority over the ordinary System of Medicine. By W. Broackes, M.R.C.S. London. E. Wilson. 1836. 8vo. pp. 133.

**** We deem it right to say, in copying, according to our custom, the title of the foregoing book, that notwithstanding the unqualified statement which is presented in the latter half of the title, the volume does not contain one particle of evidence in support of the declaration which it contains. The name of not one of the medicines

which are alleged to have been administered in the "cases," is given; nor is the name or the place of address of any one of the alleged "patients" appended to any one of the "cases." Indeed, the volume does not afford the slightest ground for believing that the "cases" are any other than fabrications, from the first to the last. Considering the circumstances, in fact, under which the book is put forth, we cannot regard it as any thing else than a mere puff, which is calculated to throw no kind of credit on the professional character of the advertiser.

CORRESPONDENTS.

The late paper on the Sounds of the Heart, by Mr. E. L. Bryan, should have been dated from Stowmarket.

To the Editor.—Sir,—The person who has so long called himself Professor DEWHURST, and who has already added to his name so many doubtful titles, has now the impudence to sign himself "Fellow of the Royal Society." I have an instance before me in the "Educational Magazine," though his name is not, of course, on the list of Fellows. I should not have troubled you on this subject, had not I and many of my friends been frequently applied to by letter, by this "Professor," for subscriptions to a work, the proceeds of which he wants, as he says, to rescue him from pecuniary distress, of which he gives a terrible account. Yet, though he alleges himself to be in the most abject poverty, he figures away as "President" of a pompously named "Philosophical Society," which he announces as having many noblemen amongst its members, while in his capacity of surgeon he recommends, in "certificates," "Brandreth's Pills," and "Rowland's Kalydor." A notice respecting the assumption of the F.R.S. may stop at least this new fraud. I am, Sir, your obedient servant, M.R.C.S.—Gower-street, Jan. 2.

WE have received a great many letters respecting the attendance of students at the Kinnerton-street School. No one appears to deny that the class amounts to the number stated by Mr. Evett, who we understand fills some office in that establishment, but all of our correspondents challenge the allegation that the entries are those of students who have actually paid for tickets of admission to the lectures and the dissecting-room. It is also as generally declared by our correspondents, that a use has been made of the name of Sir BENJAMIN BRODIE, in persuading pupils to attend the school, which it does not become an examiner in the College of Surgeons to allow, much less to encourage. However, if true, little wonder can be felt at the fact, when it is notorious that Sir B. BRODIE is the largest shareholder in, if not the sole proprietor of, the building. With regard to "free admissions" to the school, God forbid that we should complain that students are allowed to dissect at any school for nothing. Sir BENJAMIN, after the thousands of pounds which he has already drawn from the pockets of students under the certificate system, can afford to let a dozen or two of pupils teach themselves anatomy at his school-room, without charge for a "ticket." Moreover, he may expect subsequently to share in so many sums of two-and-twenty guineas each, for the piece of worthless parchment which is handed to "passed" candidates for the diploma of the College in Lincoln's-Inn-Fields. So that, though the students do not pay PETER at one toll-gate, they will pay PAUL at another.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain.		Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dcls.		
Dec. 28	44.50	34.50	29.90	29.84	—		S.W.	Much severe weather during the week.—Rain on the 30th, with sleet and snow on the 1st and 2nd.—Thaw commenced on the 3rd, with rain.
29	40.25	37.	30.06	29.99	—		W.	
30	40.75	29.50	30.05	29.96	0.0125		S.W.	
31	34.	29.75	30.08	30.04	0.0125		S.E.	
Jan. 1	29.75	13.75	30.24	30.05	—		E.	
2	27.50	23.50	30.37	30.33	0.15		S.E.	
3	43.	34.50	30.24	30.08	0.0125		S.W.	

Jan. 5th, 1836. W. JACKSON.